BUREAU OF ECONOMIC &
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DENTAL HABITS AND OPINIONS OF THE PUBLIC
RESULTS OF A 1978 SURVEY

July, 1979

conducted by the

Opinion Research Corporation
North Harrison Street
Princeton, New Jersey 08540

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FOREWORD

These findings present the results of a personal interview survey on the dental habits and opinions of the general public. The survey was conducted among a probability sample of 1,949 men and women, 18 years of age and older, living in private households in the continental United States.

Interviewing for this survey was completed during the period January 7 through January 28, 1978, by members of the Opinion Research Corporation (ORC) interviewing staff, for the Bureau of Economic and Behavioral Research of the American Dental Association. All interviews were conducted in the homes of the respondents.

The most advanced probability sampling techniques were employed in the selection of households to interview and random selection of a designated respondent within the household. One callback was performed in all cases where the originally designated respondent was not available at the time of the initial call to the housing unit. Only one interview was conducted per household. To further ensure the representativeness of the sample, data were subject to ORC's weighting program, which takes into account probability of being-at-home information and six different demographic variables. Therefore, the results may be projected to the total United States population of men and women, 18 years of age and older.

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I. ORAL HEALTH HABITS

A. Satisfaction with Health

Most people, regardless of age, sex, or race are satisfied with their general and oral health. As indicated in Figure I-1, only a small segment of the population interviewed reported any dissatisfaction with their general or oral health (15% and 23%, respectively).

Further analysis indicates that people with low incomes are less likely to be "very satisfied" with their general and oral health (Figure I-2). Thirty-seven percent of those earning less than $7,000 a year reported being very satisfied with their general health, for example, as compared to 57% of those earning $25,000 or more.

B. Home Care

When the respondents were asked how they care for their teeth, 94% reported that they brush, 38% floss, and 10% use a water jet. Of those who brush, 65% brush at least once a day, and 23% brush after every meal (Figure I-3).

As age increases, the percentage of people who reported that they brush their teeth decreases. Persons between the ages of 30 and 44 are more likely to indicate that they use dental floss than respondents in other age categories.

C. Services Received

Fifty-four percent of the respondents who visited their dentist in the previous year reported having their teeth cleaned, 47% had an oral examination or X-rays, and 34% indicated they had fillings. Other procedures reported include extraction or oral surgery, dentures, gum treatment, tooth capping and straightening.

There were significant regional differences, with 25% of the respondents in the South and 45% of those in the North East reporting having had fillings. More people in the West had their teeth cleaned (63%) than in the North East (48%).

Figure I-4 demonstrates that regardless of oral hygiene procedures performed at home (brushing, flossing, and/or water jetting), more than half of the respondents had their teeth cleaned during their last office visit, slightly fewer had X-rays or oral examinations, and more than a third had fillings. These three procedures account for the majority of office care received. Of those respondents who neither brush, floss, or use a water jet, 65.6% had denture work done at their last visit and 34.4% had extractions or oral surgery. None reported having oral examinations or X-rays, fillings, or cleaning.

When analyzed by frequency of dental visits, statistics show that only 8.5% of those respondents who claim to visit their dentist every six months reported having oral surgery or extractions, while slightly more than 26% of those who visit dentists as the need arises said they received these services (Figure I-5).

FIGURE I-1.

Respondents' Satisfaction with their
General and Dental Health

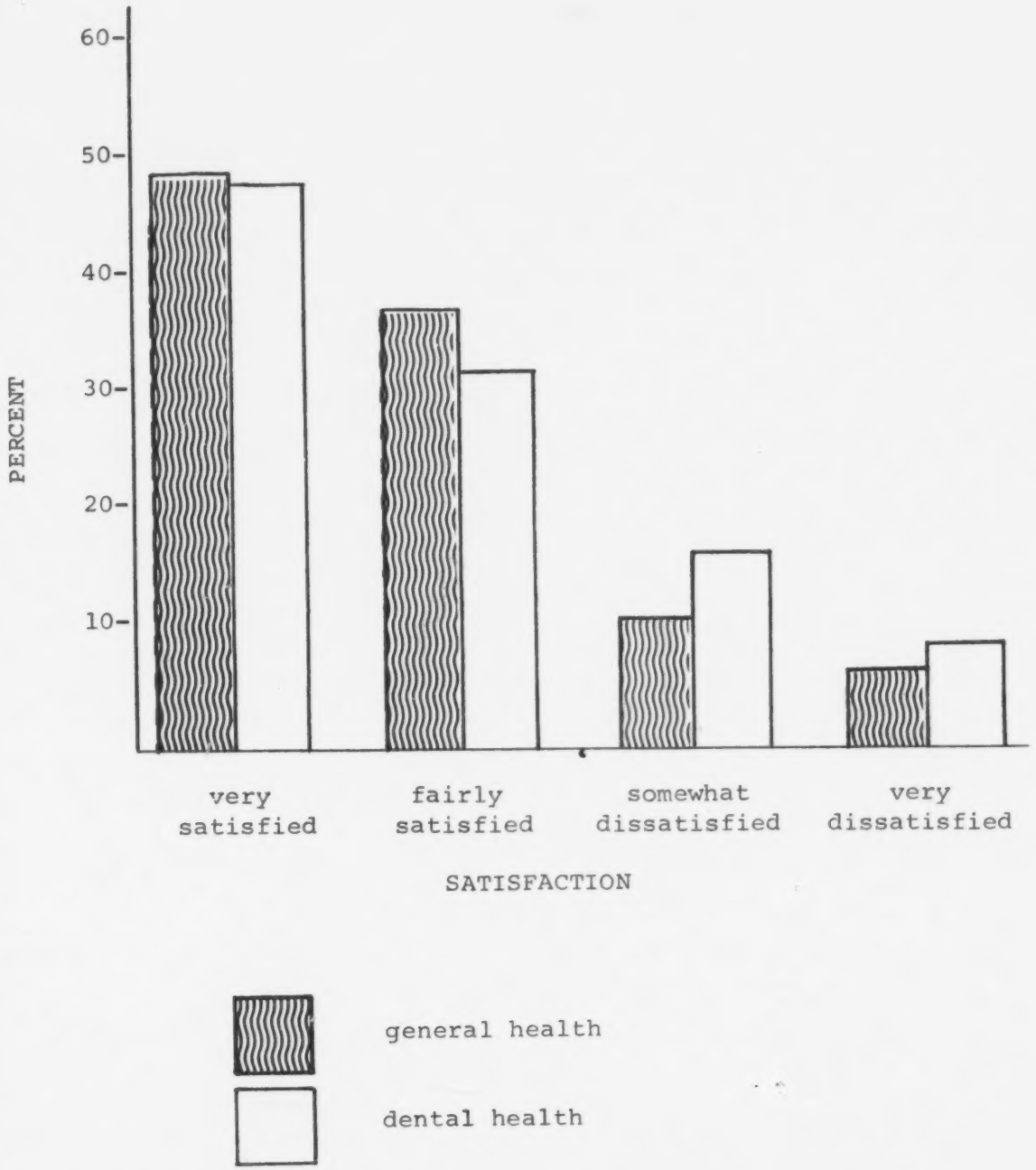


FIGURE I-2.

Respondents Who are Very Satisfied with their General and Dental Health by Income

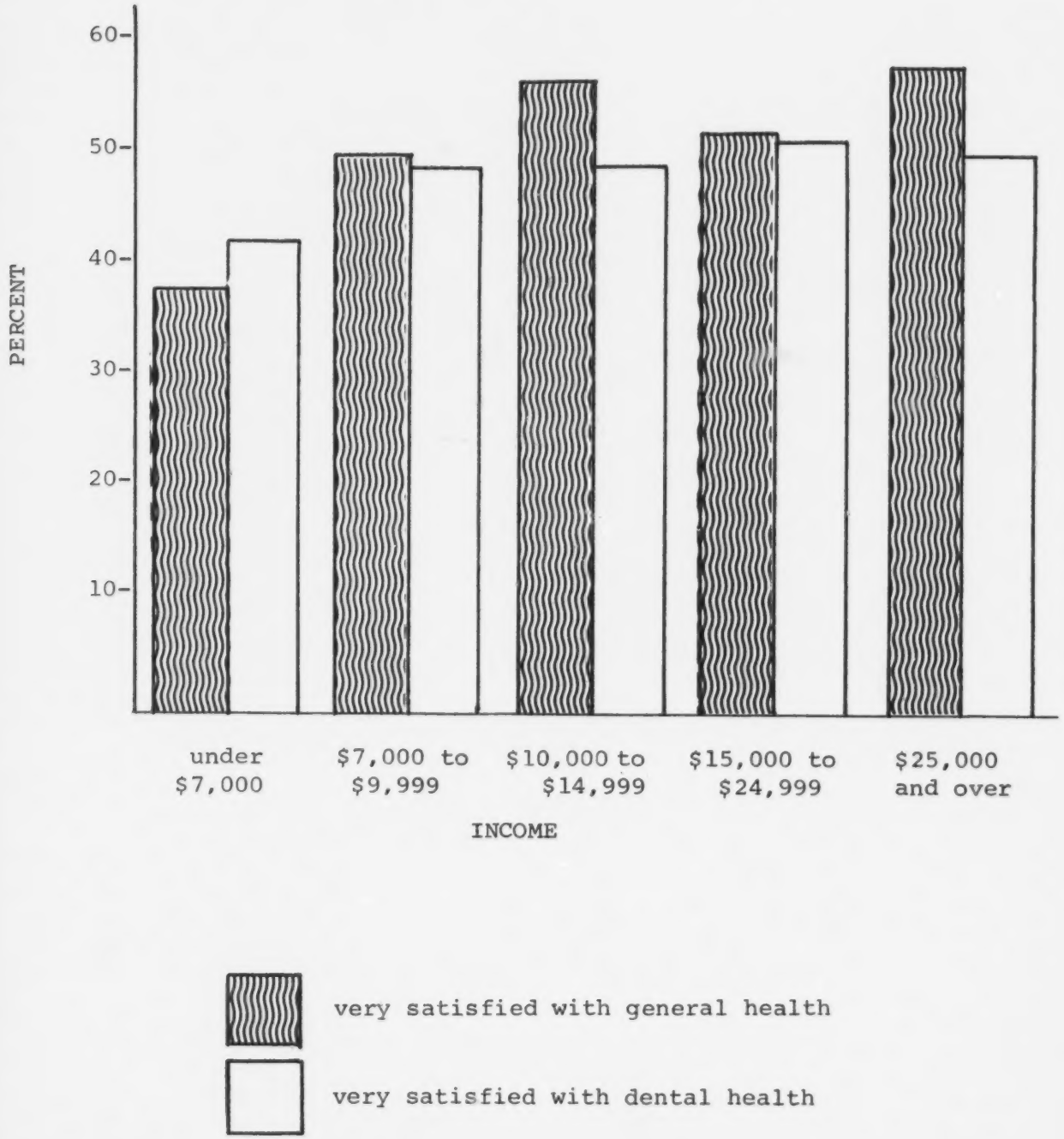


FIGURE I-3.

Respondents' Brushing Patterns

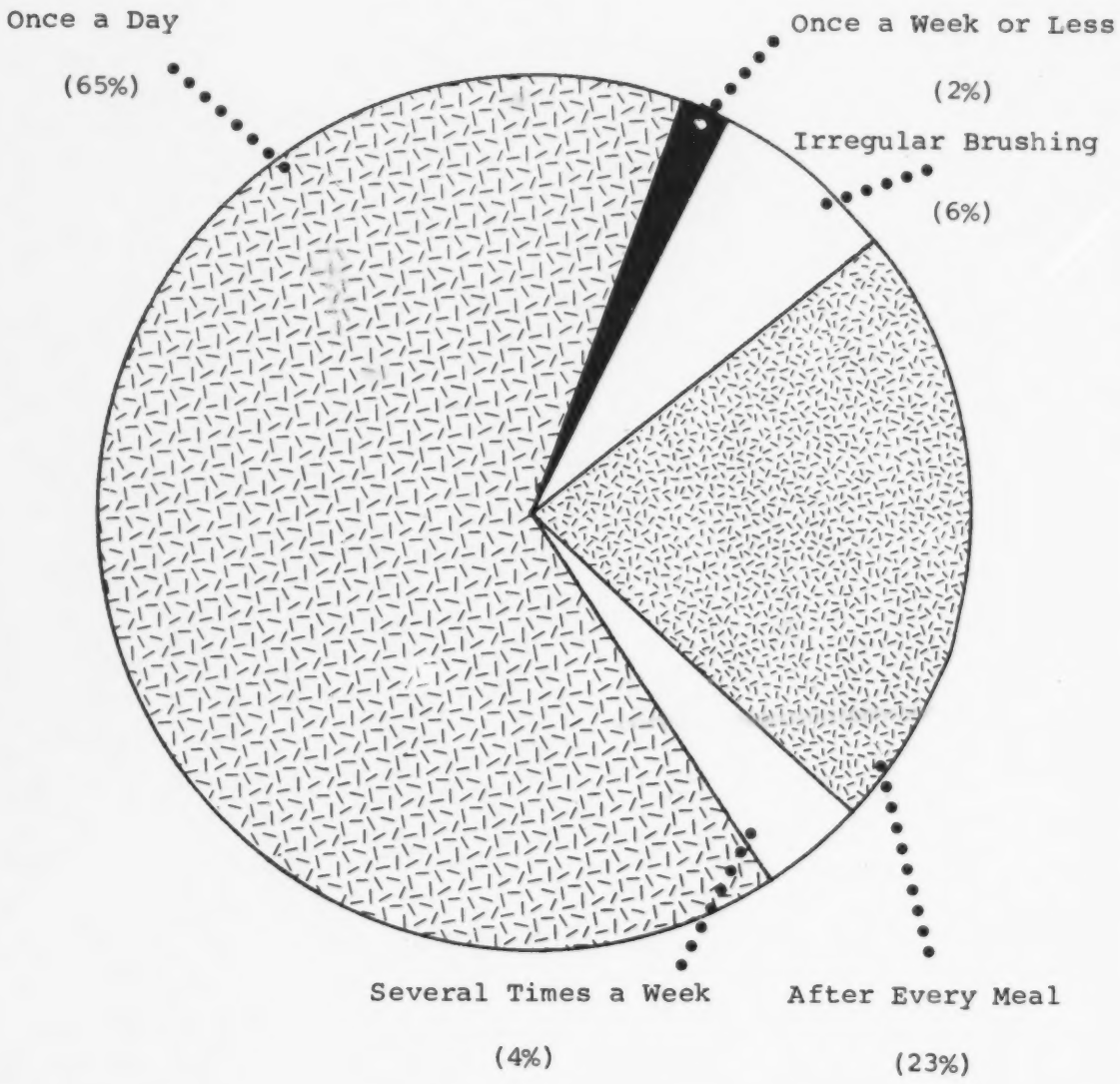


Figure I-4.

Percent Receiving Care from a Dentist by Various Home Dental Care Procedures.

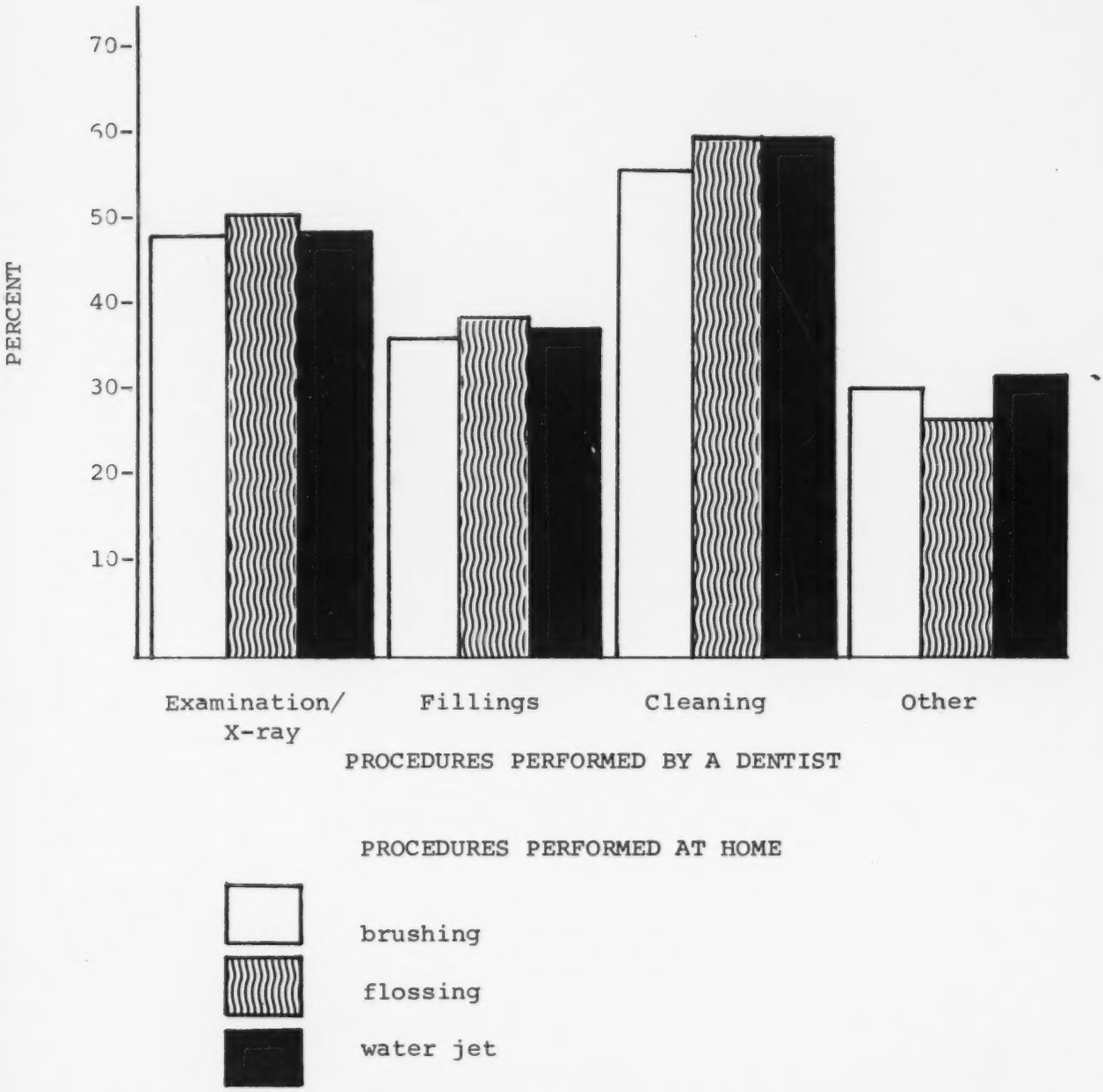
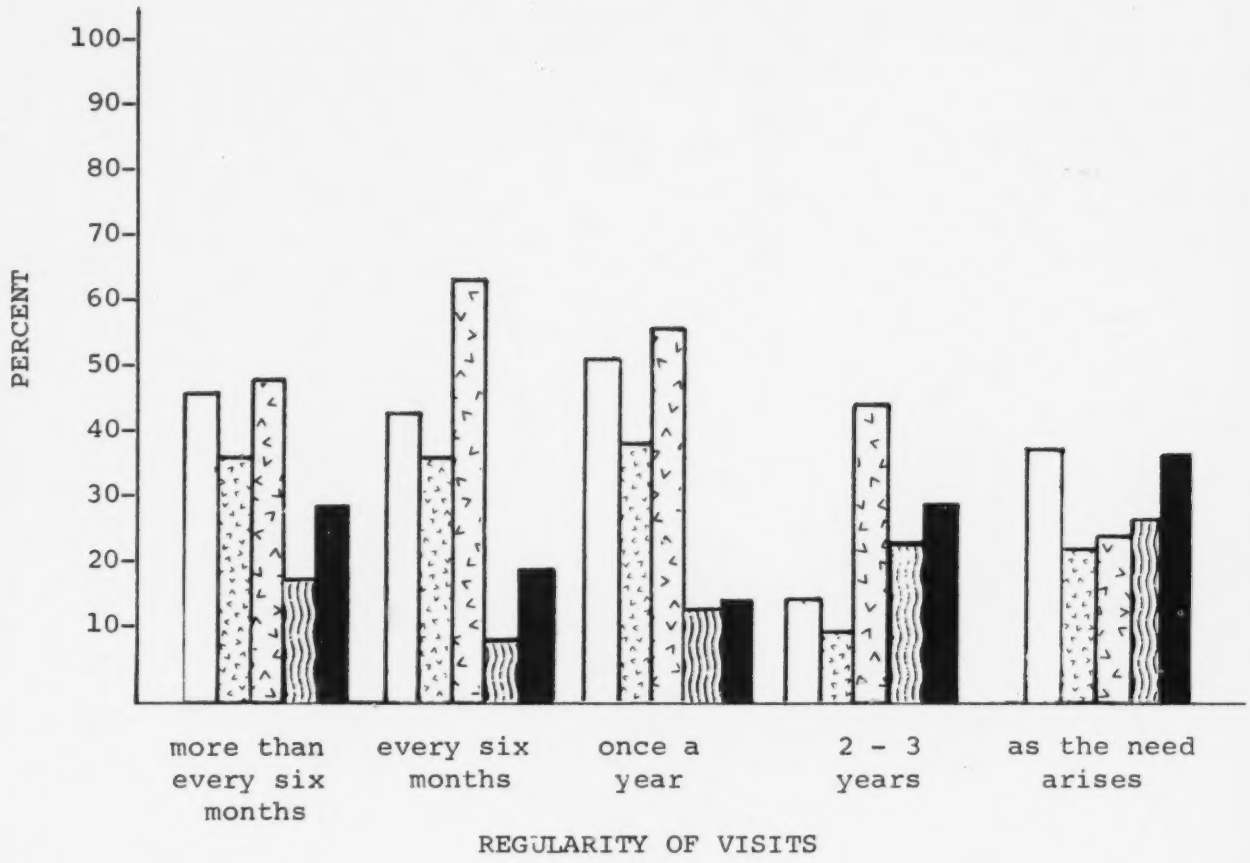


FIGURE I-5.

Care Received from Dentists by Regularity of Dental Visits



II. PATTERNS OF DENTAL VISITS

A. Recency of Visits

When asked when they had last visited a dentist, almost a third of the respondents reported a visit within six months of the interview, 23% said it had been between six months and one year, while 22% indicated they had not visited a dentist for three years or longer.

Income is related to the recency of dental visits. The largest percentage of respondents earning at least $25,000 (47%) reported seeing a dentist within the past six months, while the largest percentage earning under $7,000 (37%) had not had a dental visit for three years or longer (Figure II-1).

A similar pattern is evident in regard to educational level; 39% of those respondents with less than a high school education reported their last dental visit was three years ago or longer, compared to 14% of those with a high school degree. Forty-two percent of those with some college and 46% of the college graduates reported having a recent visit, while only 19% of those with less than a high school degree indicated visiting a dentist within six months of the interview (Figure II-2).

Consistently throughout the category of race, whites have a stronger tendency than non-whites to have visited a dentist recently, though the percentage variations are not great. For example, white respondents were more likely than non-whites to have reported their last dental visit was within the past six months (32% and 23%, respectively).

Interestingly, a significantly greater percentage of women employed outside the home visited a dentist within the past six months (41%) than did homemakers (29%).

B. Barriers to Seeking Dental Care

Those respondents reporting no dental visits for a year or more were asked their reasons for not seeing a dentist. The majority (63%) indicated they feel no need to go, 23% reported they think costs are too high, and 10% indicated they fear the pain involved in dental work. Other reasons cited by respondents include: having to take time off from work (5%); being too busy (8%); transportation problems (3%); inability to get a suitable appointment (2%); and waiting for insurance coverage to begin (2%).

Age, education, physical location, and community and family size all affect one's tendency to feel their is no need to visit a dentist. It was found that as age increases, the likelihood for the respondents to indicate feeling no need to visit a dentist also increases, from 49% of the youngest group (those 18 to 29 years of age) to 79% of those 60 and older. In terms of education, those with less than a high school degree are considerably more likely to feel no need to visit a dentist (71%) than are those having a college degree (44%).

Regional analysis among those not visiting a dentist for over a year shows that respondents in the West are less likely to find no need for a dental visit (51%) than those in the North Central area (75%). In regard to community size, 73% of those in rural areas indicated they felt no need to go to a dentist, as compared to 59% in the suburbs.

As family size increases, the percentage of people who feel there is no need to visit a dentist decreases. Over 70% of those without children, as compared to 53% of those with children, feel there is no need.

The patients' perceptions of dental care costs discourage many people from seeking care (23%). As age increases, however, apparent concern over costs decreases. This pattern is especially evident among women respondents (40% of those 18 to 29 years of age cited costs as a barrier to care, as compared to 11% of those 60 and older).

Regionally, 16% of the respondents in the North East reported concern over dental costs, compared to 27% in the West. As might be expected, 37% of those with children under six years of age indicated cost as a factor, while only 25% of those with older children and 17% without children indicated this concern.

In addition, a large percentage of people who are very dissatisfied with their dental health reported that the cost of dental care keeps them from seeing a dentist (41.3%)(Figure II-3).

Fear of the pain involved in dental work as a reason for not seeking care was more often cited by younger respondents than those in the higher age categories. In addition, people who are very dissatisfied with their present oral health are more likely to indicate that fear of pain keeps them away from the dental office (16.8%) than are those who are satisfied with the condition of their mouths and gums (4.7%) (Figure II-3).

Figure II-4 indicates that only 84.9% of those respondents who feel no need to go to the dentist brush their teeth, 99.6% of those who fear pain, 92.6% who feel costs are too high, and 97.0% who say they have no time to see the dentist.

FIGURE II-1.

Length of Time Since Last Dental Visit
by Income

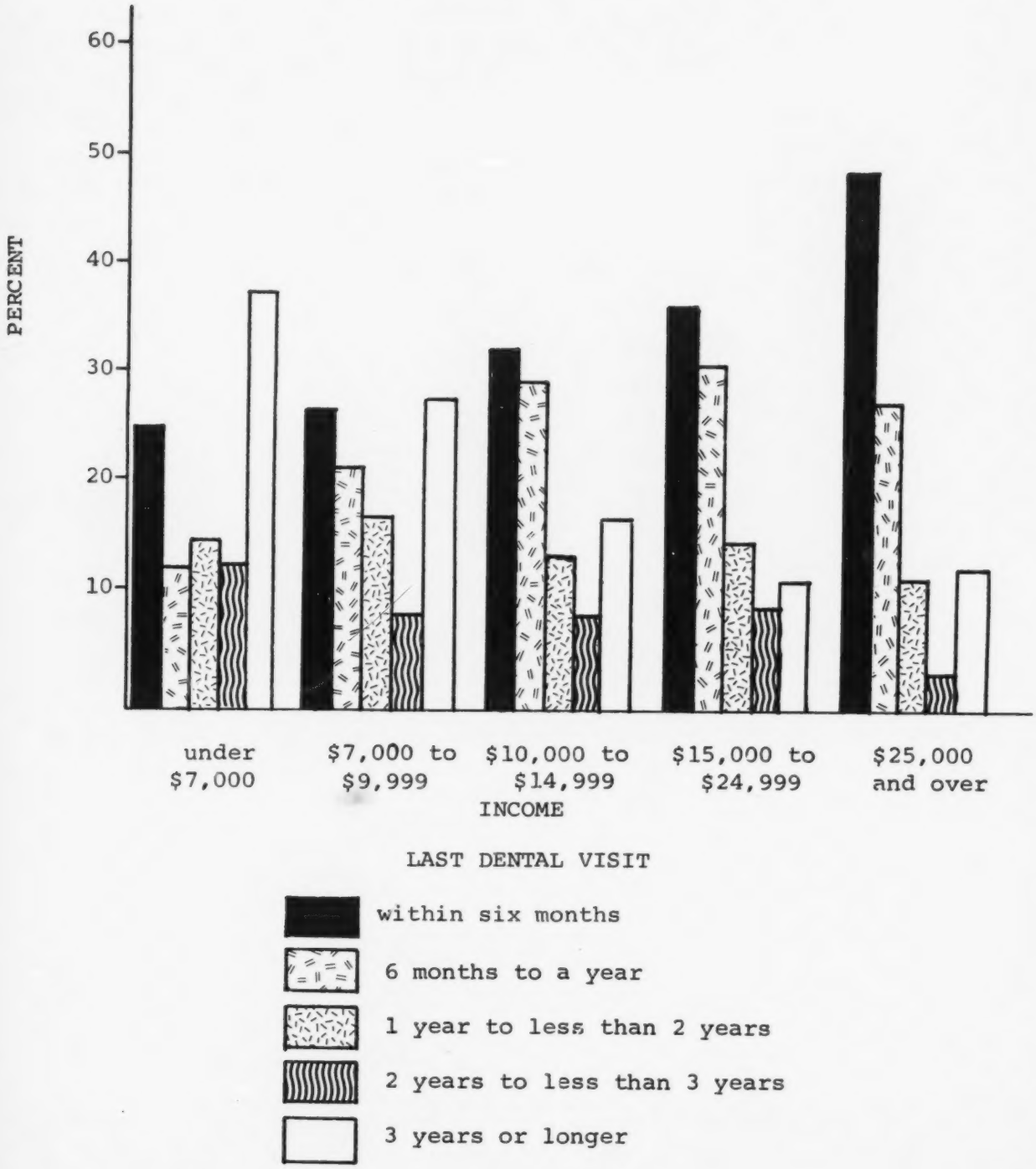


FIGURE II-2.

Length of Time Since Last Dental Visit
by Education

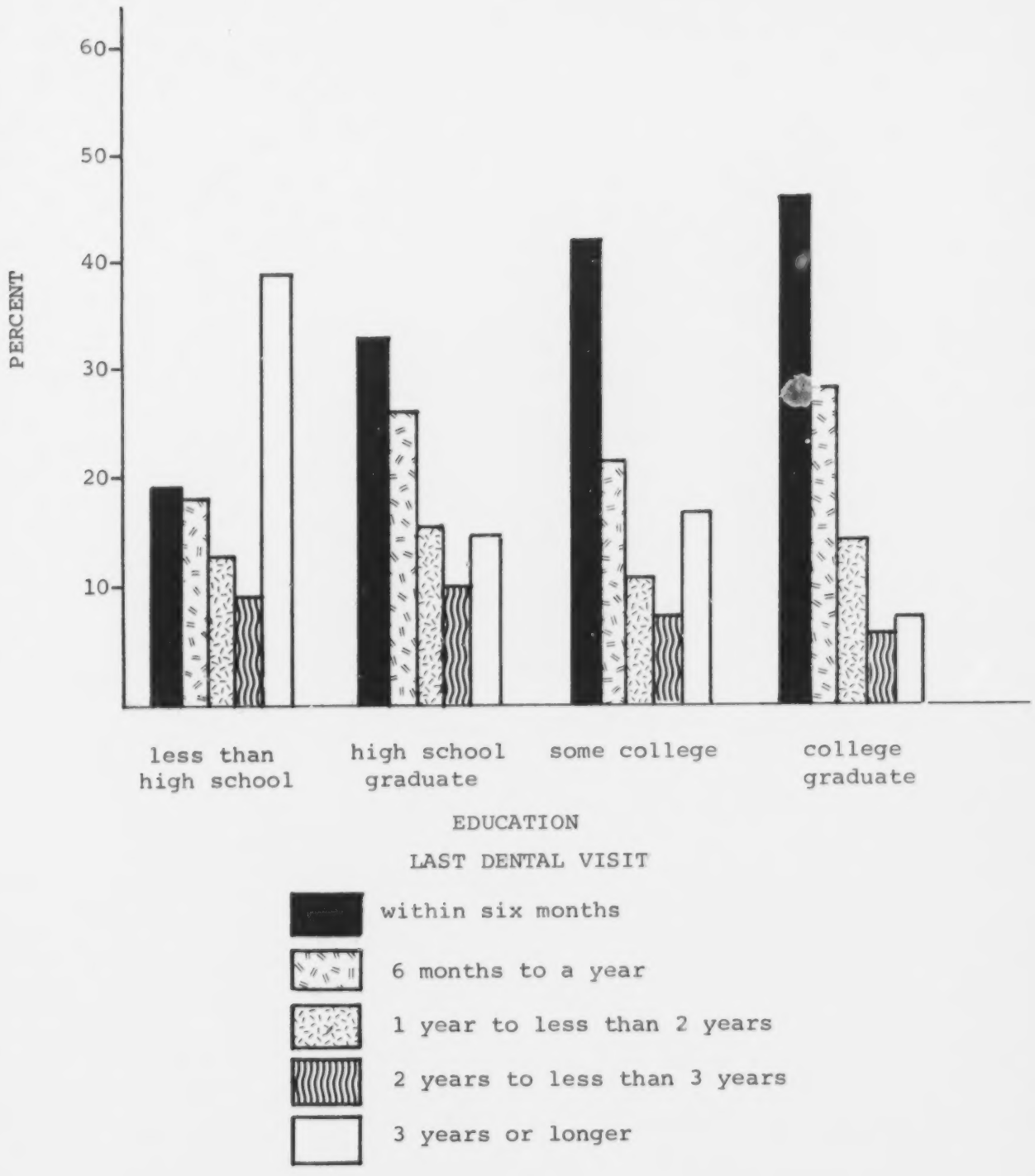


FIGURE II-3.

Barriers to Seeking Dental Care by Satisfaction with Dental Health

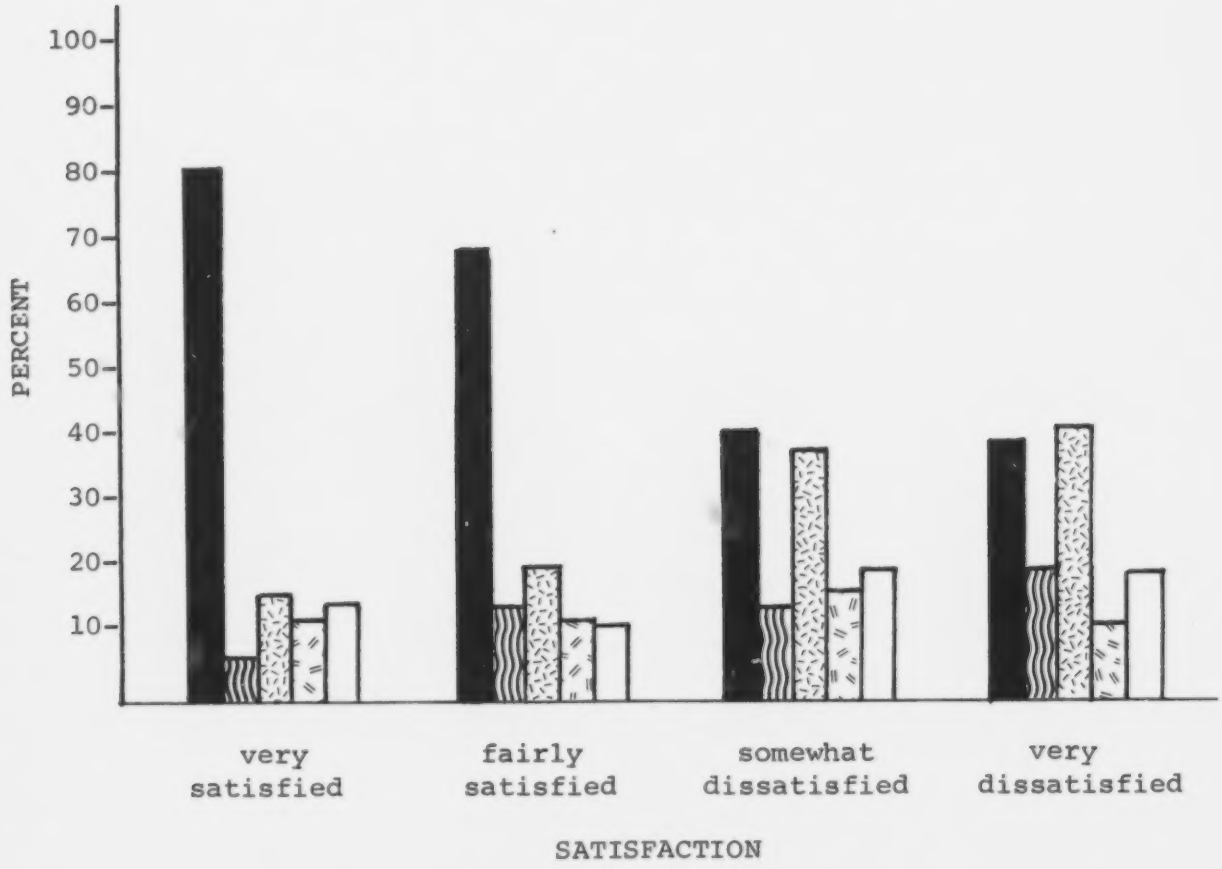
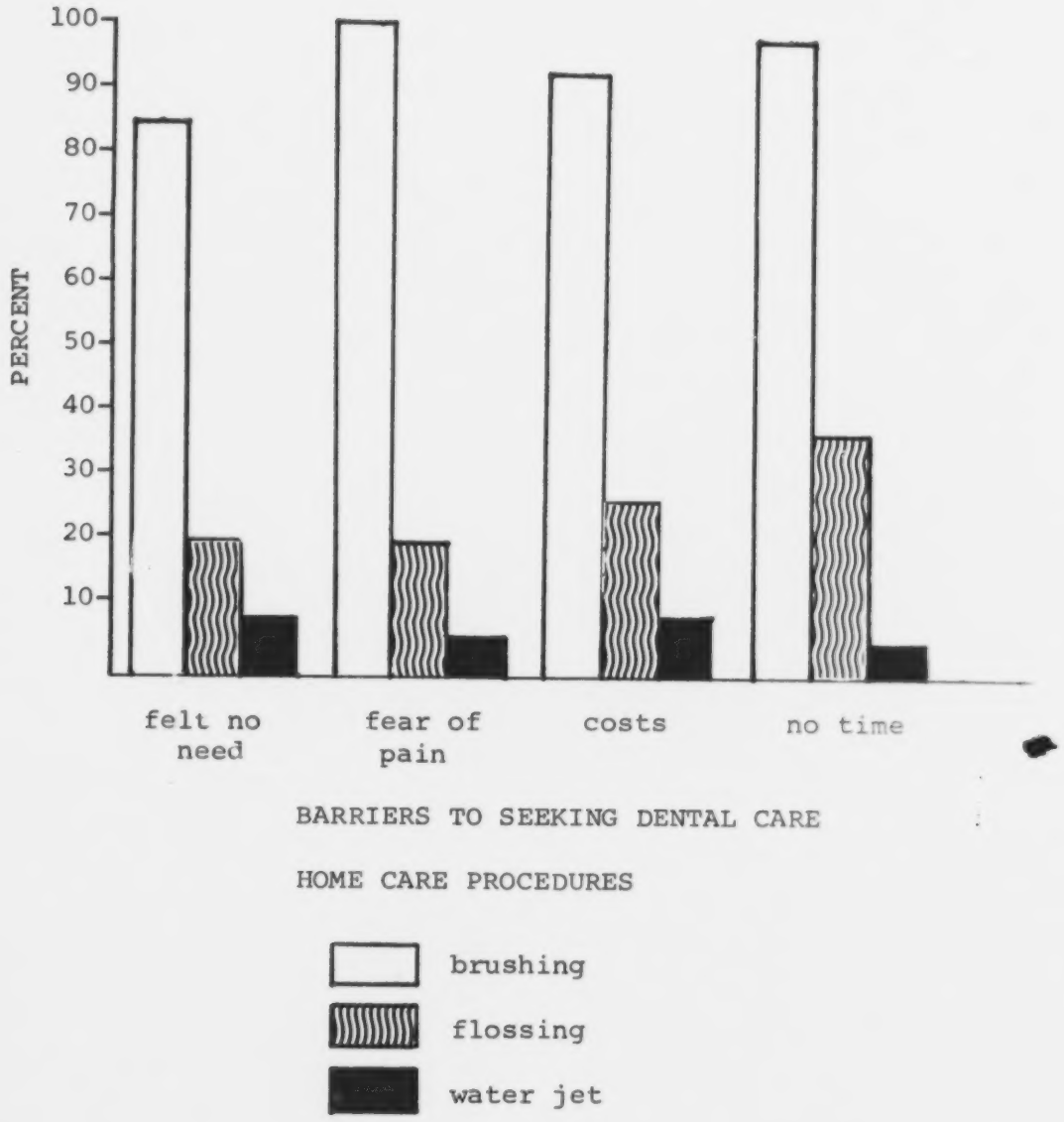


FIGURE II-4

Performance of Various Home Care Procedures by Barriers to Seeking Dental Care



III. METHODS OF RECEIVING DENTAL CARE

A. Sources of Dental Care

Of those respondents who obtained dental care in the past year, an approximate 73% visited a family dentist in a solo practice. The second most common method of receiving care is through the family dentist practicing in a group (18%).

Generally, as age and household income increase, the tendency to obtain care from a solo family practitioner also increases. In addition, race affects the source of dental care. While 76% of the white respondents visit family dentists in solo practices, 53% of the non-whites obtain care from either family dentists in group practices or public clinics (32% and 21%, respectively) (Figure III-1).

Those families having children under six years of age are more likely to obtain care from family group practitioners (23%) than those without children (16%).

B. Family Patterns

Of all those surveyed, 66% reported that their entire family receives care from the same dentist, and 24% said their family visits two different dentists. In families where the head of the household is in an executive, professional, or managerial position, the percentage who visit the same dentist is even higher (78%), but lower in families whose head is employed in a blue-collar, semi-skilled or unskilled job (60%).

The regional analysis indicates that 71% of those families living in the North East visit the same dentist, while 62% of those in the South West do so. Further, as household income increases from under $7,000 to $15,000-$24,999, the percentage of families who receive care from the same dentist increases from 60% to 71%.

C. Accessibility to Care

When the respondents were asked if there had ever been a time when they sought dental care and were able to afford it but were not able to find a dentist to treat them, 86% said there was not. Eleven percent reported that, at some point, they had been unable to obtain appropriate dental care.

Figure III-2 demonstrates that as income and educational levels increase, reports of inaccessibility decrease. For example, 16% of those with less than a high school education reported being unable to find a dentist, as compared to 5% of the college graduates. Over twice as many non-whites (23%) as whites (10%) reported that they were unable to obtain dental care.

FIGURE III-1

Source of Dental Care by Race

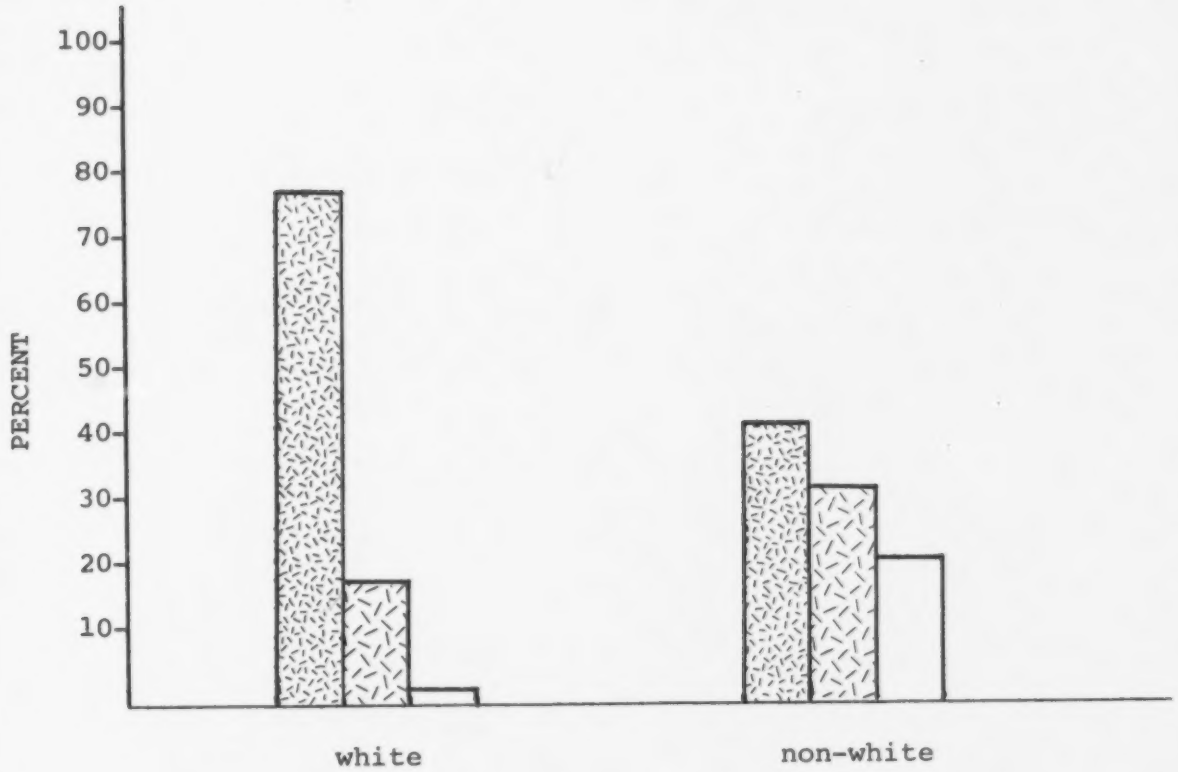
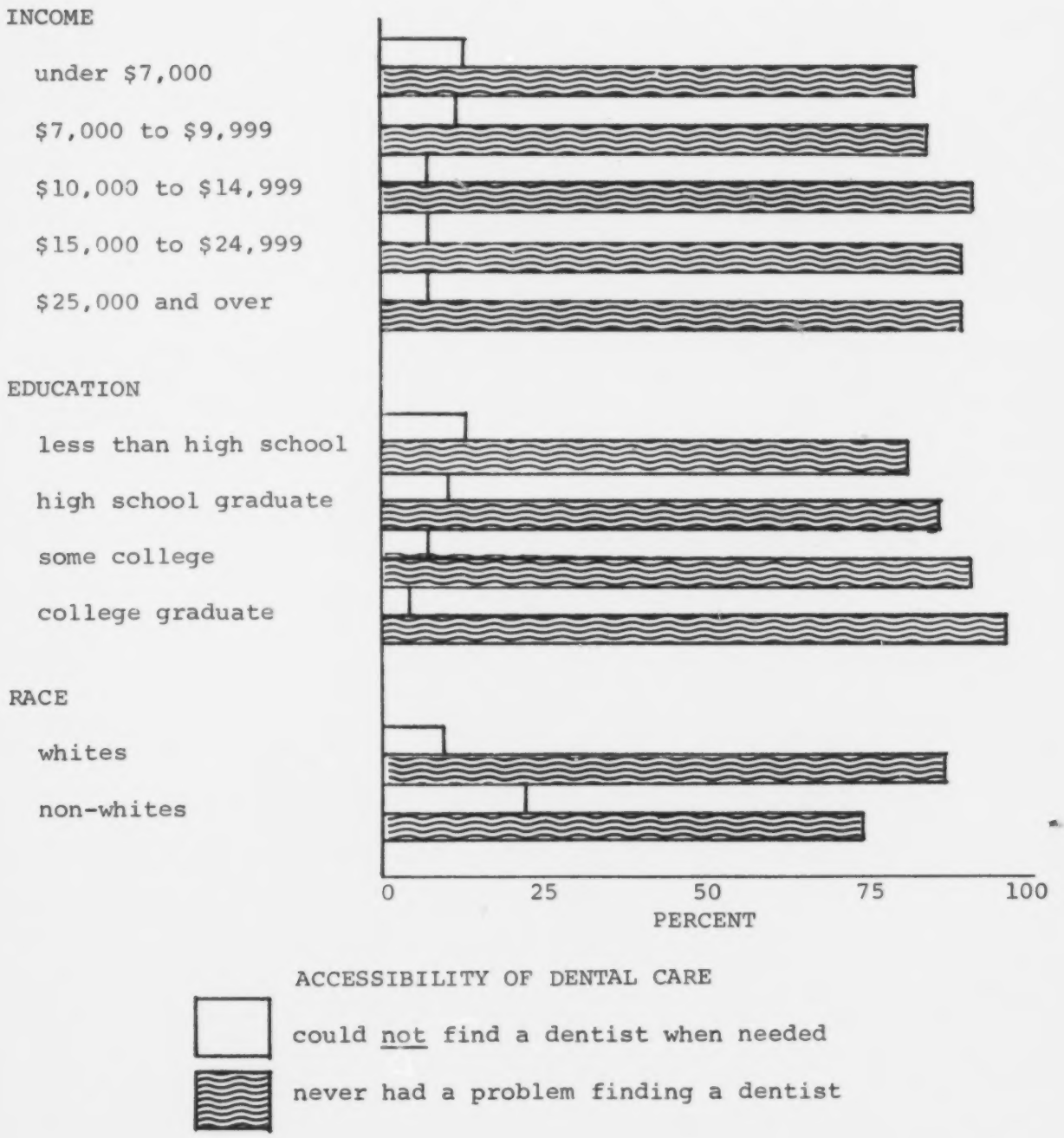


FIGURE III-2.

Accessibility of Dental Care by Income, Education and Race



IV. PERSONAL DENTAL EXPERIENCE

A. Methods of Selecting Dentists

Included in the survey were several questions regarding the respondents' personal experiences with their own dentists and with dentistry in general. When asked how they found out about their present dentist, the greatest percentage of respondents who had been to the dentist within the past year reported their dentist was recommended by a friend or business associate (42%). Among other sources mentioned were the respondent's family (26%) and another dentist (10%).

More persons reporting household incomes in excess of $25,000 find their dentists through friends or business associates(52%) than through any other sources. Only 38% of respondents earning less than $7,000 selected their dentists on the basis of friends' or business associates' recommendations.

When asked how they would go about selecting a dentist if they were to move to a new town, 39% of those surveyed indicated that they would ask their present dentists to recommend someone, 31% thought they would ask their new neighbors, 14% reported they would consult the local dental society in the new town, 12% said they would refer to the phone book, 8% indicated that they would ask their new physicians, and 7% said they would ask business associates. As income, educational, and occupational levels increase, the tendency for respondents to ask their present dentists or business associates for a recommendation also increases.

Whites (42%) are more likely than non-whites (22%) to ask their current dentists for help in selecting a dentist in a new town. The greatest percentage of non-whites (33%) indicated they would seek recommendations from their new neighbors.

B. Satisfaction with Dental Care Received

Sixty-three percent of the respondents who had visited dentists within the year said they had never been dissatisfied with the care they received; 37% said they had been dissatisfied at some point. Persons with college degrees and persons earning $25,000 or more per year are the most likely to indicate some dissatisfaction (44% and 47%, respectively) (Figure IV-1). Respondents 60 years of age or more are less likely to express dissatisfaction (26%). Regionally, 44% of the respondents in the West and 32% in the South reported being dissatisfied with some care they received (Figure IV-2).

Reasons given for dissatisfaction include: the work has to be redone (39%); the work was too painful (24%); the treatment was poor (17%); the treatment cost too much (15%); and the dentist was unfriendly (10%).

An overwhelming 81% of the respondents indicated they would strongly recommend their dentist to friends; only 3% reported that they would not recommend their present dentist.

The strength of the recommendation increases as age and income levels increase. For example, 48% of the respondents 18 to 29 years old reported that they would very strongly recommend their dentists, as compared to 59% of respondents 60 years and older

White respondents are more likely to give their dentists very strong recommendations (56%) than are non-whites (44%).

C. Waiting Times

When respondents who had obtained dental care within the past year were asked how long they had to wait for their last non-emergency appointments, 40.0% reported they waited a few days, 36.6% indicated they waited a week or two, 9.6% said they had to wait three weeks, and 13.8% indicated that they had to wait a month or more. Figure IV-3 illustrates that regardless of the source of dental care, most patients wait less than two weeks for an appointment.

Upon arrival for the scheduled appointment, 39.6% of the respondents reported waits of 5 to 14 minutes to see their dentist, 28.4% reported waits of less than 5 minutes, and 22.1% reported waits of 15 to 29 minutes. With the exception of patients visiting dental schools, most respondents said they waited less than 15 minutes to see their dentists.

D. Care Received

Figure IV-4 illustrates the types of dental services received by the age and sex of the respondents. It appears that, as age increases, the likelihood for the respondents to have had fillings on their past dental visit decreases, and the percentage of those with dentures increases.

Several significant differences can be examined between the sexes, especially those 60 years of age and older. While 63% of the women in this age bracket reported having their teeth cleaned during their last dental visit, only 48% of the men reported such. Conversely, 25% of the males indicated having extractions or oral surgery, as compared to 5% of the women. In addition, a greater percentage of elderly men reported obtaining dentures or having denture work at their last dental visit (28%) than did women (15%).

Figure IV-5, which illustrates the types of dental services received by incomes, indicates that as income level increases, the probability that the respondents had extractions or oral surgery at their last dental visit decreases.

FIGURE IV-1.

Respondents' Satisfaction with Their Dental Care by Education and Income

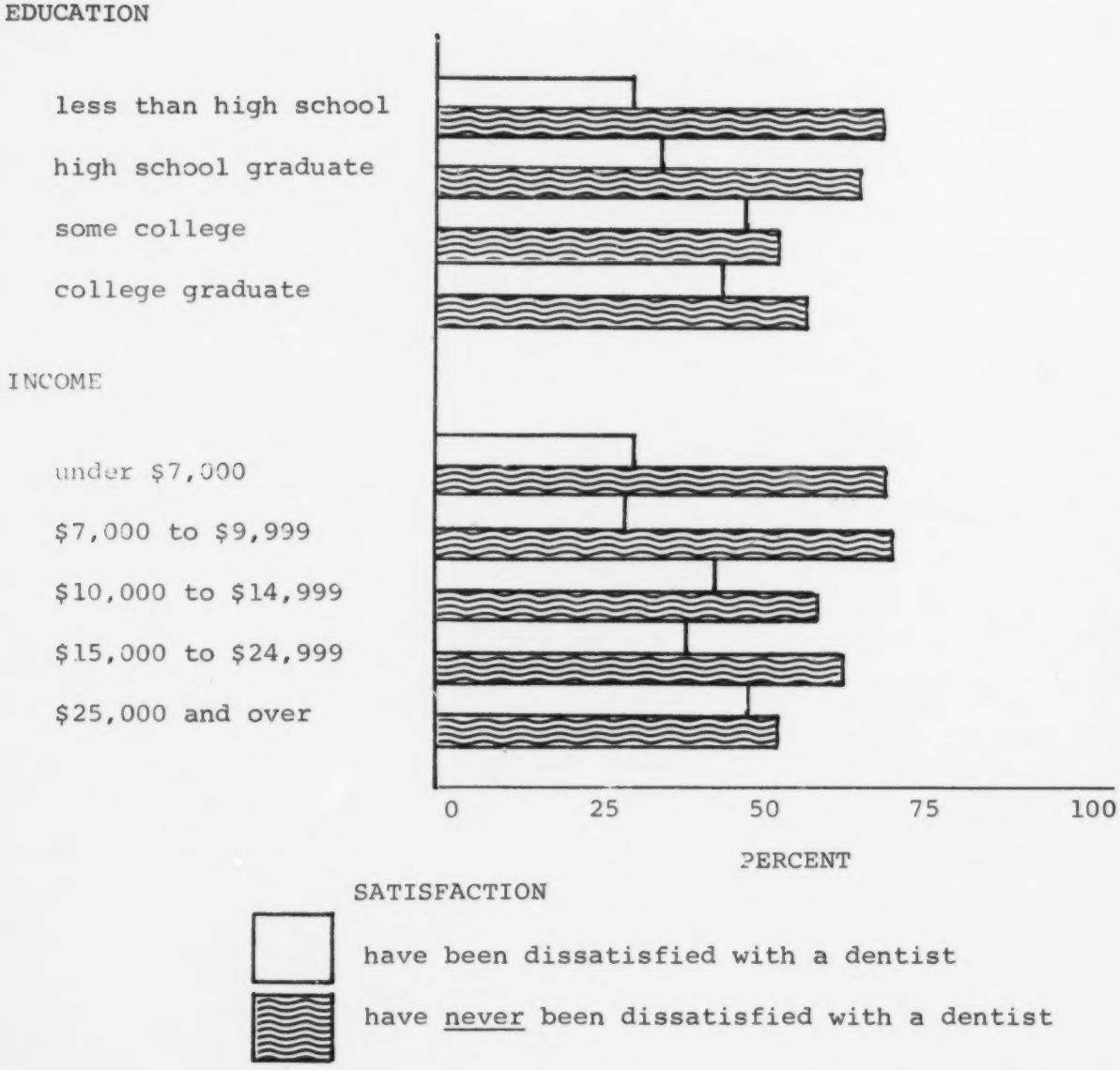


FIGURE IV-2.

Respondents' Satisfaction with
Their Dental Care by Age and Region

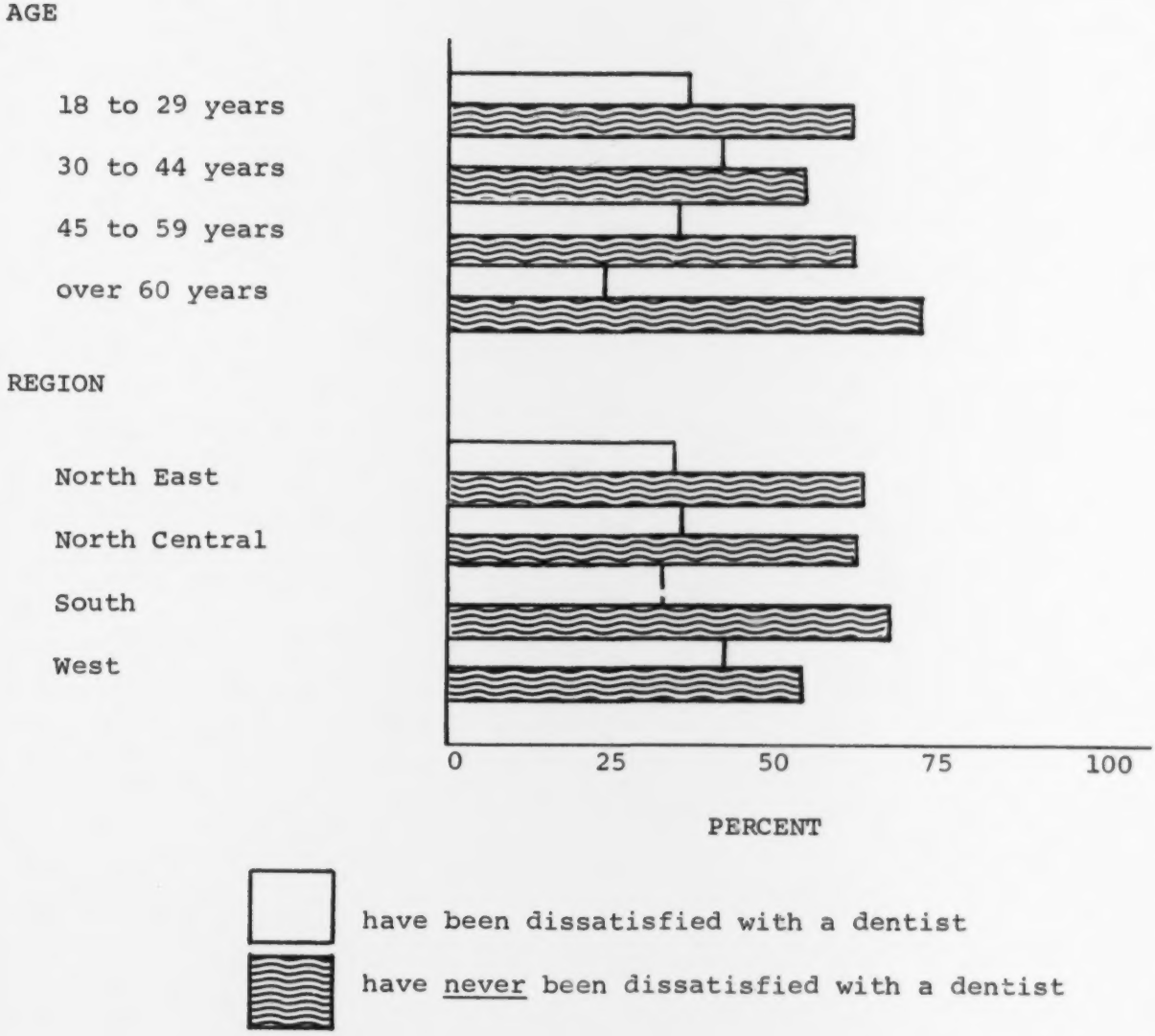


FIGURE IV-3.

Percent Distribution of Waiting Times by Source of Dental Care

Source of Dental Care	Average Wait for a Non-Emergency Appointment (N =2680)				Average Wait in the Office for a Scheduled Appointment (N=2893)				
	a few days	a week or two	three weeks	a month or more	under 5 minutes	5-14 minutes	15-29 minutes	30-59 minutes	an hour or more
Family Dentist Practicing Alone	42.1% (848)	35.2% (708)	9.0% (182)	13.6% (274)	30.2% (659)	40.5% (884)	21.6% (471)	5.3% (116)	2.3% (51)
Family Dentist Group Practice	31.1 (158)	41.7 (212)	12.4 (63)	14.8 (75)	22.9 (126)	38.5 (212)	24.5 (135)	12.0 (66)	2.2 (12)
Public Dental Clinic	47.9 (57)	37.8 (45)	8.4 (10)	*	24.4 (29)	41.2 (49)	16.8 (20)	9.2 (11)	8.4 (10)
Dental School Clinic	24.4 (10)	41.5 (17)	*	31.7 (13)	*	*	28.6 (12)	45.2 (19)	*
Total	40.0 (1073)	36.6 (982)	9.6 (256)	13.8 (369)	28.4 (822)	39.6 (1147)	22.1 (638)	7.3 (212)	2.6 (74)

* based on small n.

FIGURE IV-4.

Care Received from Dentists (male patients)

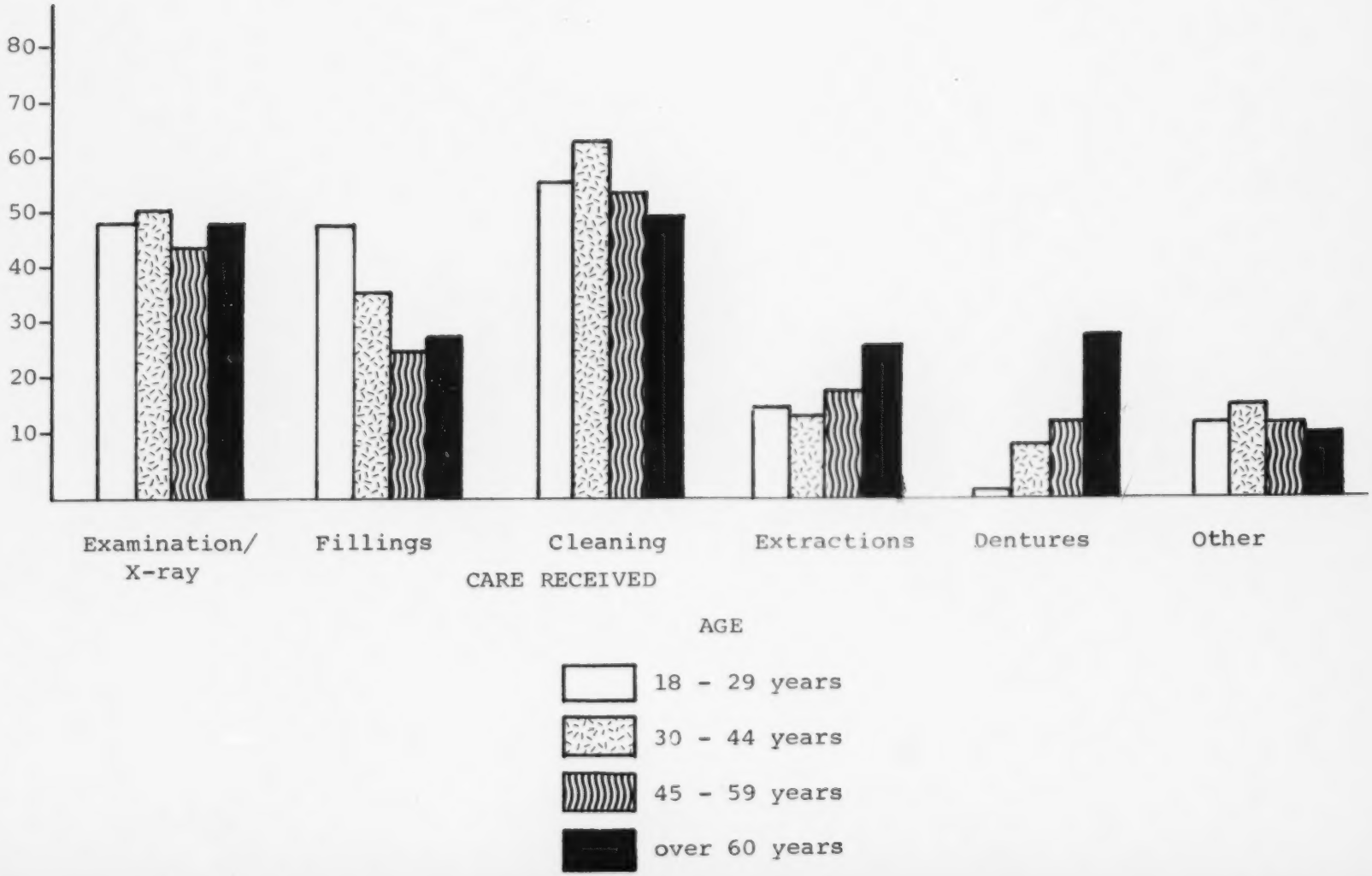


FIGURE IV-4. (continued)

Care Received from Dentists by Age (female patients)

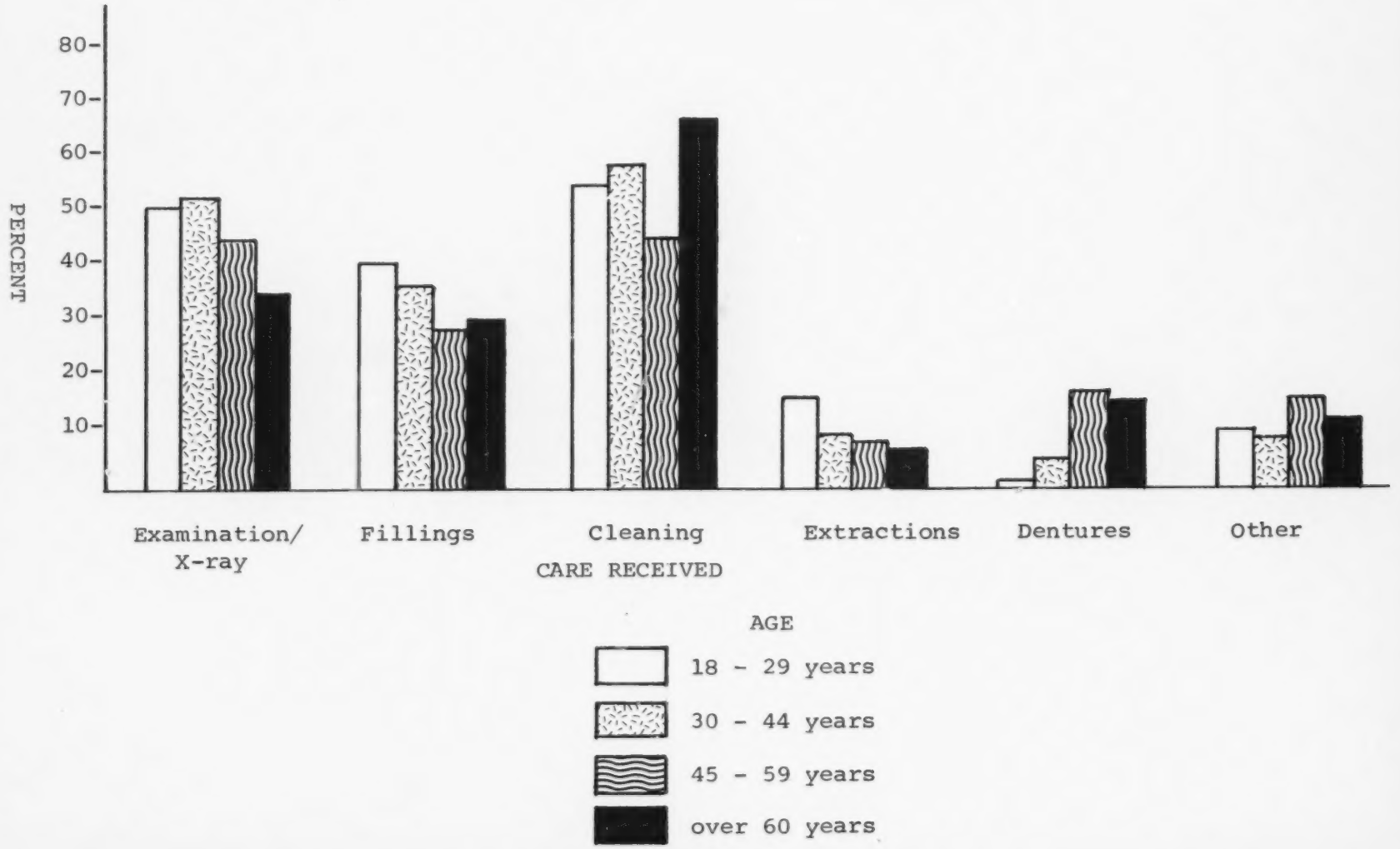
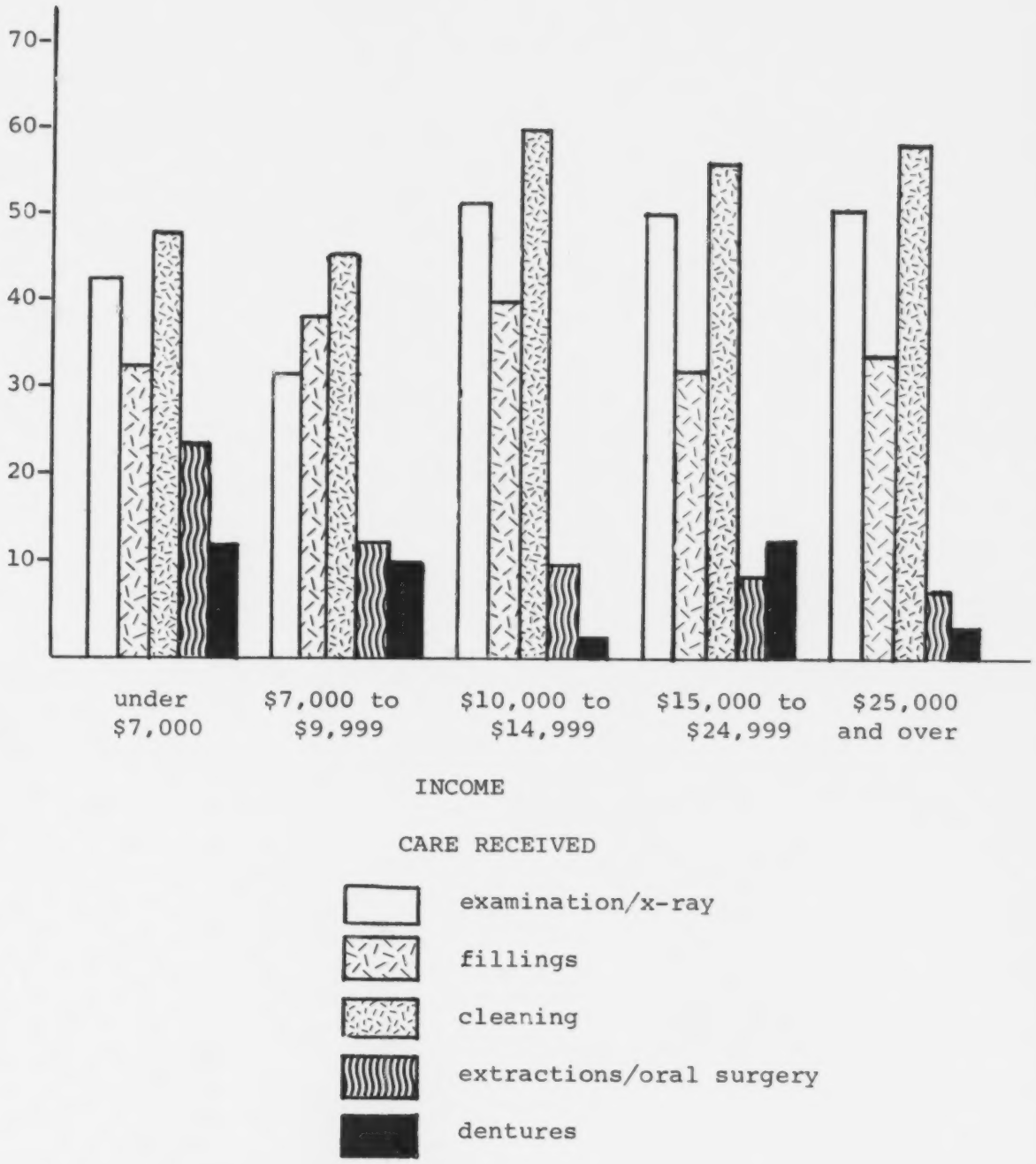


FIGURE IV-5.

Care Received from Dentists by Income



V. AUXILIARY PERSONNEL

A. Employment of Auxiliaries

Only 18% of the respondents who visited the dentist in the past year reported that their dentist did not employ assisting staff. Eighty percent indicated that their dentist had at least one auxiliary person in the practice.

Regionally, in the North East only 70% of the respondents reported visiting a dentist who employs auxiliaries, as compared to 85% of those in both the West and North Central regions.

Figure V-1 summarizes the patterns of employment of assisting personnel in various types of dental offices. As indicated, family group practices are the most likely to have auxiliaries (95.8%).

B. Waiting Times

There is a significant relationship between waiting times and employment of dental auxiliaries in the office. As the waiting time increases, so does the likelihood for the respondent to report that the office employs auxiliaries. Seventy-five percent of those who wait a few days for appointments go to an office employing auxiliaries, as compared to 91.9% of those who wait a month (Figure V-2). Figure V-3 illustrates that those patients who wait longer periods of time to see their dentist once they are in the office are also more likely to report that their dentist employs auxiliaries.

C. Duties Performed by Auxiliaries

When asked what duties the assisting personnel perform, 69% of the respondents indicated that the auxiliaries greeted them and helped them into their chair, 64% reported that the assistants helped the dentist at chairside, and 42% said the auxiliaries cleaned patients' teeth. In addition, 39% said the auxiliaries took X-rays and 27% said they looked at patients' teeth.

D. Patient Satisfaction with Auxiliaries

When the patients were asked if they were satisfied with the duties performed by the auxiliary, an overwhelming 98% reported that they were. Interestingly, there seems to be little variation here in the responses of the patients, based on age, geographic region, income level, or any of the other characteristics considered.

Finally, when asked if the assisting personnel had ever performed duties that they would have preferred done by the dentist, almost all said no (96%). The group who most often responded that there were some duties they would have preferred the dentist do were the non-white (13%).

FIGURE V-1.

Percent of Dental Practices Employing Auxiliaries by Source of Dental Care as Reported by Respondents

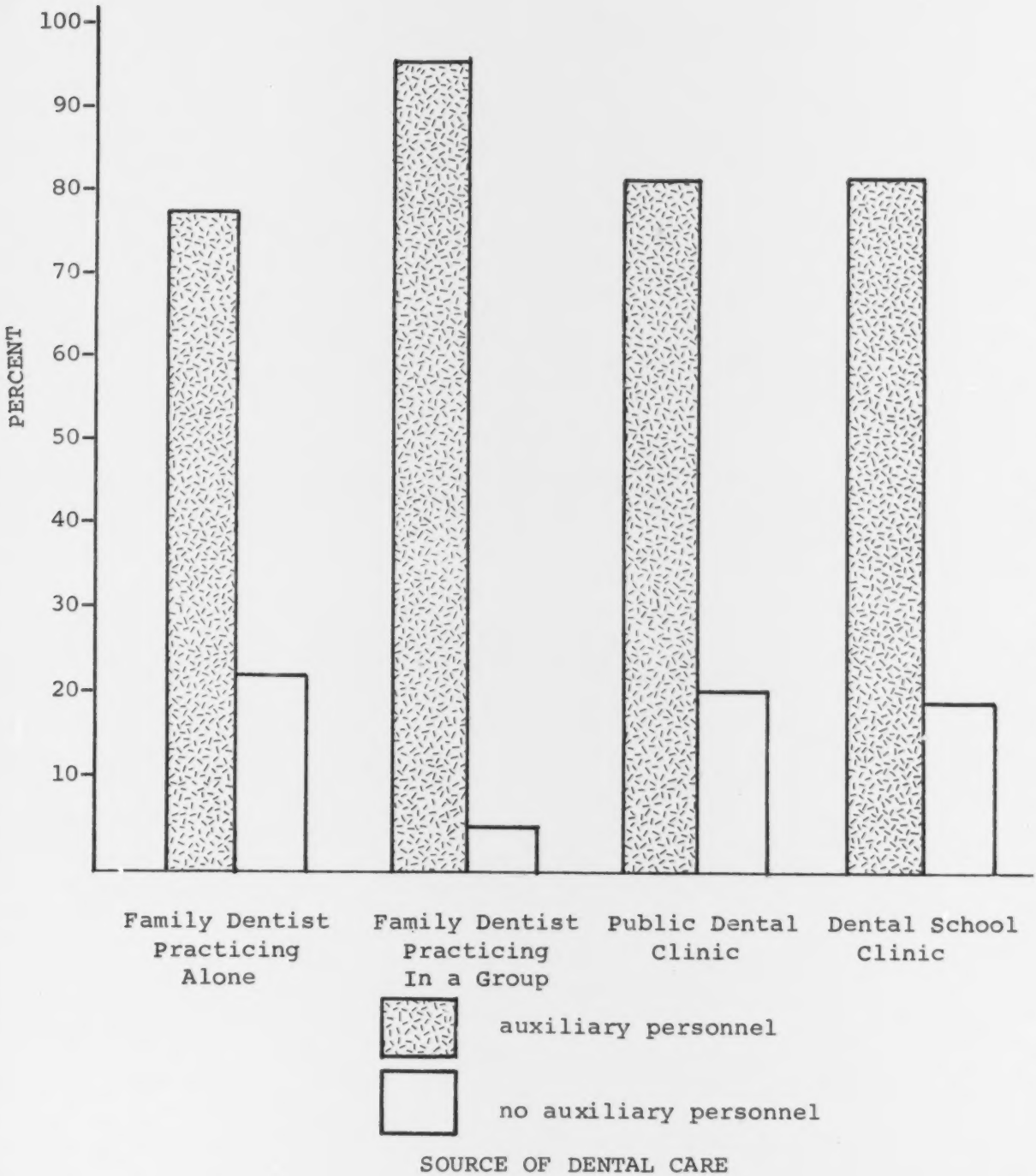


FIGURE V-2.

Percent of Dental Practices Employing Auxiliaries by Average Wait for a Non-Emergency Appointment as Reported by Respondents

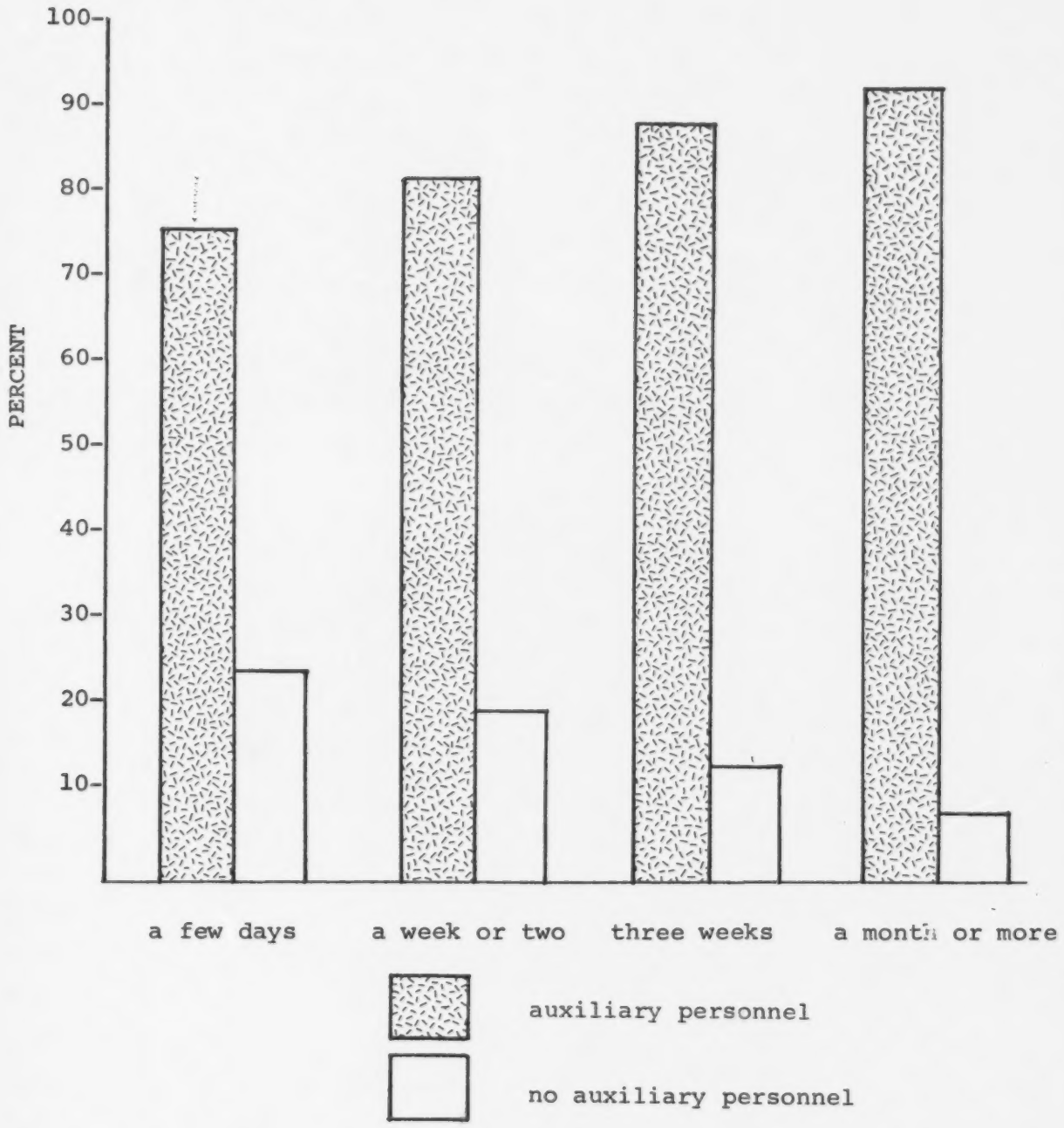
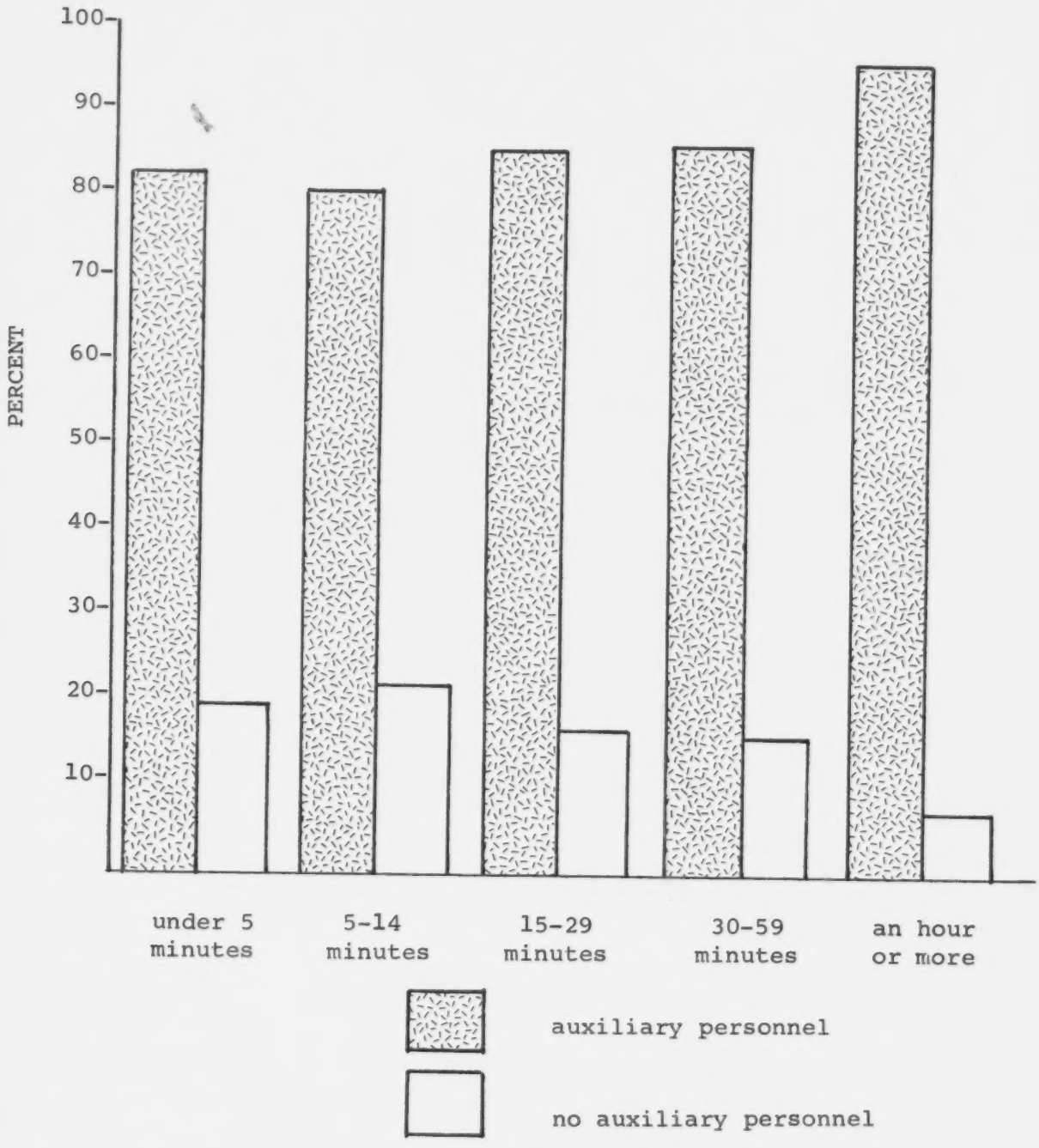


FIGURE V-3.

Percent of Dental Practices Employing Auxiliaries by Average Wait in the Office for a Scheduled Appointment as Reported by Respondents



VI. DENTAL EXPENDITURES

A. Personal Expenditures

In 1977, respondents who had visited dentists within the previous year spent an average of $145 on dental care. (This figure includes all bills paid by insurance companies.) Forty-two percent of the respondents spent $50 or less, 17% spent between $51 and $100, 12% spent between $101 and $290, 9% spent between $300 and $999, and 2% spent $1,000 or more. Five percent indicated they spent nothing.*

When respondents are analyzed by sex and age, women between 45 and 59 years old reported the highest average amount paid for dental care ($182), followed by women aged 18 to 29 ($176). Men in this age category reported the lowest average dental expenditure ($92) (Figure VI-1).

As educational level increases, the average amount spent in 1977 on dental care also increases. Respondents with less than a high school degree reported annual expenditures of $105, as compared to $217 for college graduates. Non-whites spent an average of $118 for dental care in 1977, while whites averaged $147 (Figure VI-2).

As is indicated in Figure VI-3, the higher the occupational level, the greater the amount spent on personal dental care. Blue collar unskilled or semi-skilled respondents spent $121 in 1977 on dental care, while those in executive, professional, or managerial positions spent an average of $200. Income also affects the amount spent on dental care. Respondents with household incomes under $7,000 spent an average of $148 annually, while those with incomes of $25,000 or more spent approximately $216 (Figure VI-4).

Figure VI-5 illustrates how the amount of money spent on dental care varies with the source of dental care. As shown, the largest percentage of respondents, regardless of the source of care, spent between $1 and $50 for dental care in 1977. A relatively high percent of those who visited dental school clinics, however, spent between $101 and $299 (36.0%) and 56.7% of those who visited public clinics spent more than $50 on individual care.

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*The adults interviewed were asked, "Approximately how much did you personally spend for your own dental treatment in the last year, including any bills paid by an insurance company?". It is assumed that they did not check their records.

B. Family Expenditures

Twenty-six percent of the respondents reported that their total family dental bills in 1977 were $100 or less, 11% reported total bills of $101 to $249, 16% reported bills from $250 to $999, 5% reported bills exceeding $1,000, and 21% said they spent nothing. The average family dental bill, including all orthodontic treatment, was $243.

As income and occupational and educational levels increase, the average 1977 family dental bill also increases (Figures VI-6, 7, and 8). Respondents earning $25,000 or more spent over four times as much ($516) as those earning under $7,000 ($119).

The average amount spent for family dental care is also affected by race. Non-whites spent approximately $126 in 1977, less than half the amount spent by whites ($254) (Figure VI-8).

Finally, employed women reported that their families spent an average of $338 on dental care in 1977. Families of homemakers spent $218.

FIGURE VI-1.

Average Personal Dental Expenditure, 1977
by Age and Sex

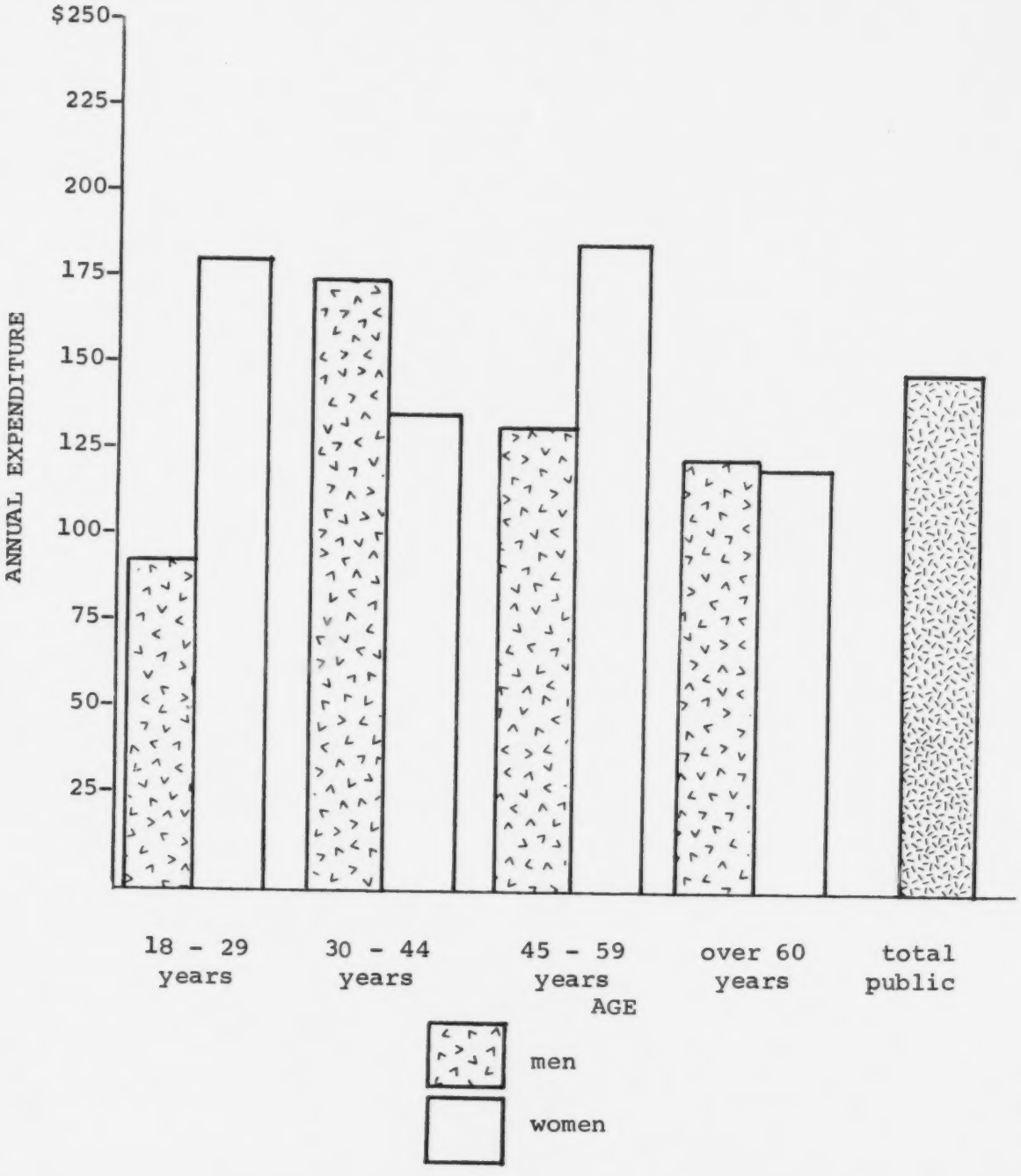


FIGURE VI-2.

Average Personal Dental Expenditure, 1977
by Education and Race

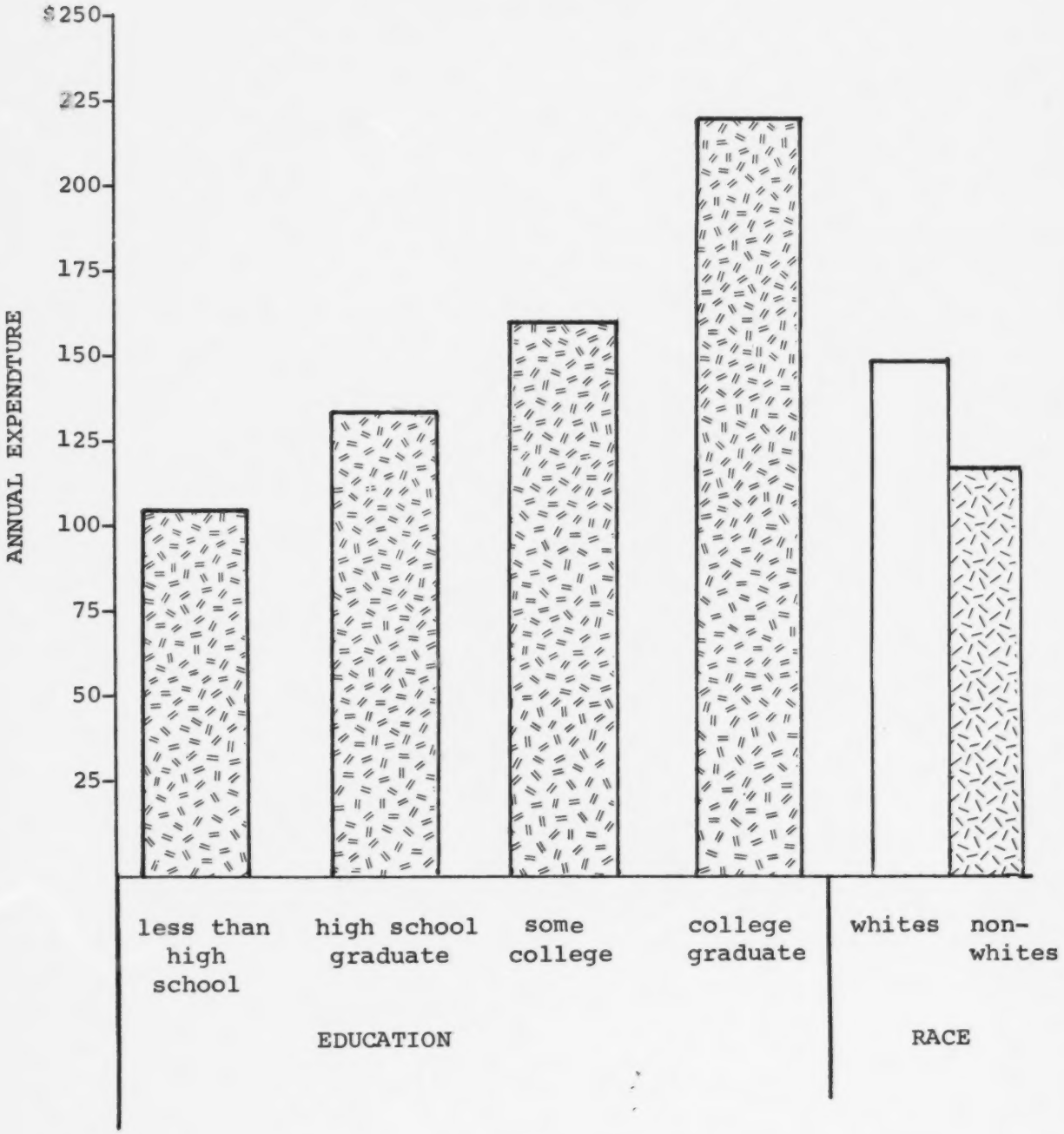


FIGURE VI-3.

Average Personal Dental Expenditure, 1977
by Occupation

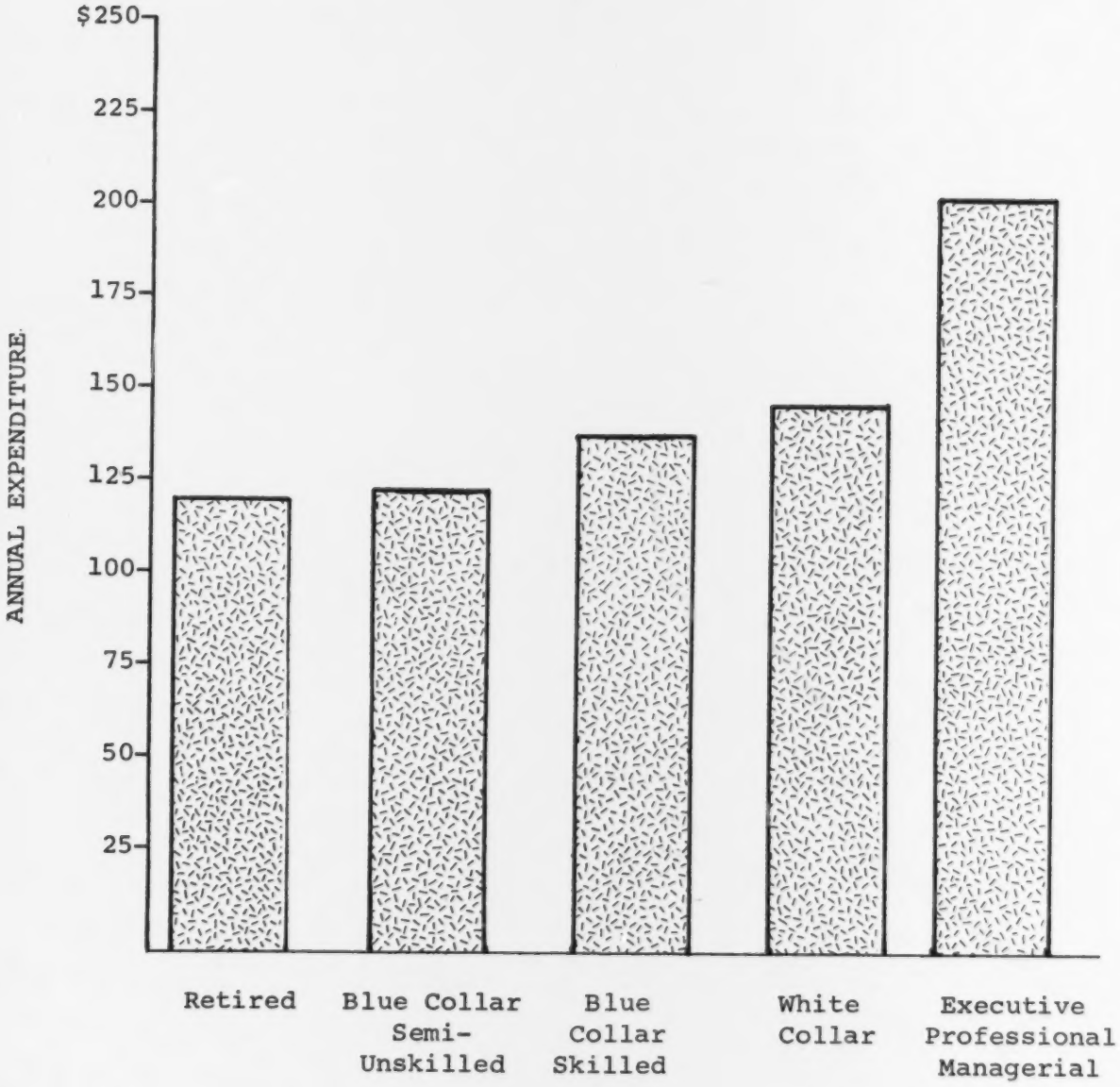


FIGURE VI-4.

Average Personal Dental Expenditure, 1977
by Income

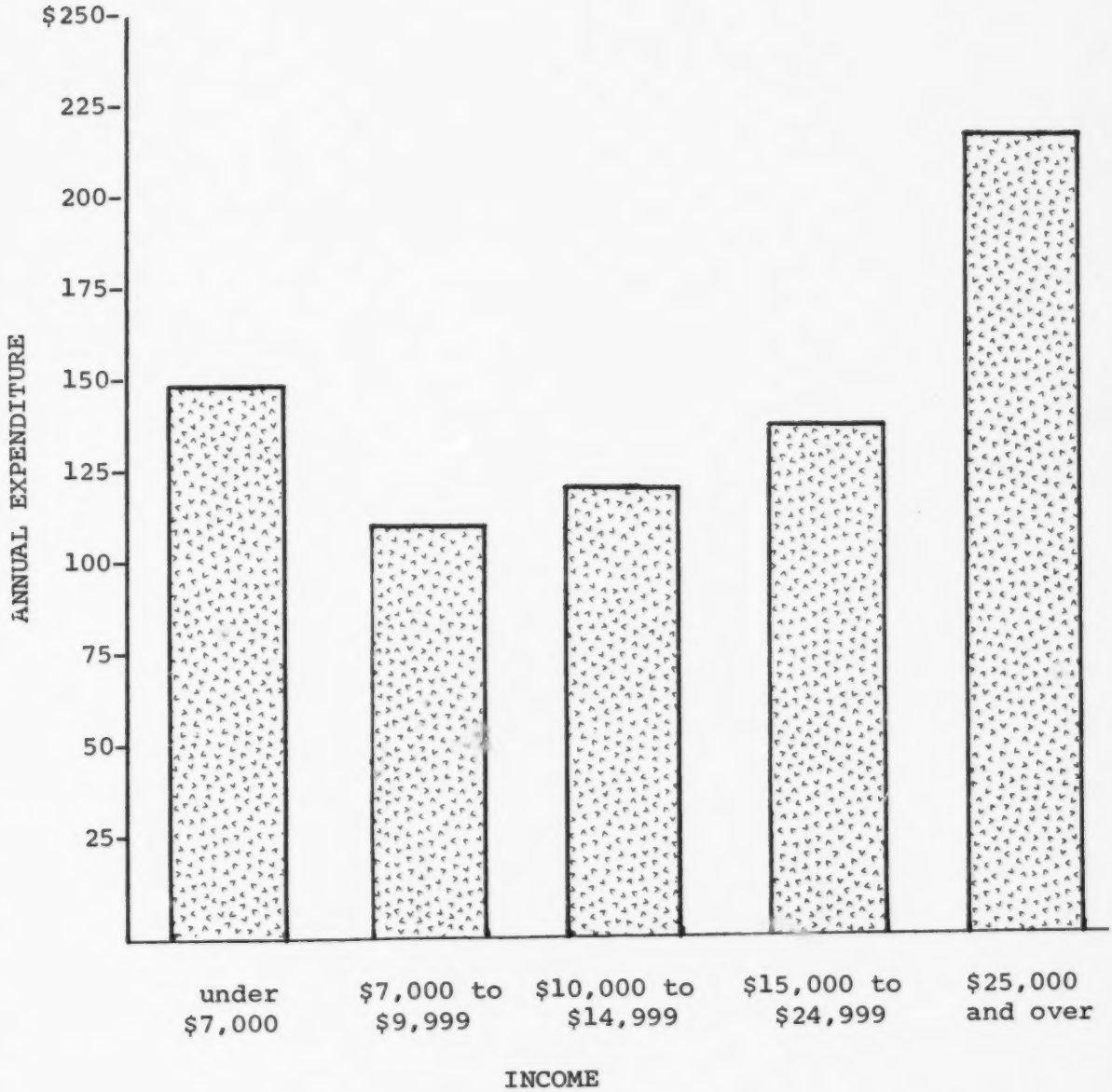


FIGURE VI-5.

Percentage Distribution of Personal Dental Expenditure
1977 by Source of Dental Care

Source of Care	Personal Dental Expenditure, 1977 (N=2458)				
	$1 to $50	$51 to $100	$101 to $299	$300 to $999	$1,000 or more
Family Dentist Practicing Alone	51.6% (992)	20.6% (395)	14.5% (279)	11.3% (217)	2.0% (38)
Family Dentist Group Practice	49.6 (215)	21.9 (95)	13.8 (60)	11.2 (49)	3.4 (15)
Public Dental Clinic	41.7 (26)	34.2 (21)	22.5 (14)	* (1)	* (0)
Dental School Clinic	37.2 (15)	* (9)	36.0 (15)	* (1)	* (1)
Total	50.8 (1248)	21.2 (520)	15.0 (368)	10.9 (268)	2.2 (54)

FIGURE VI-6.

Average Family Dental Expenditure 1977
by Income

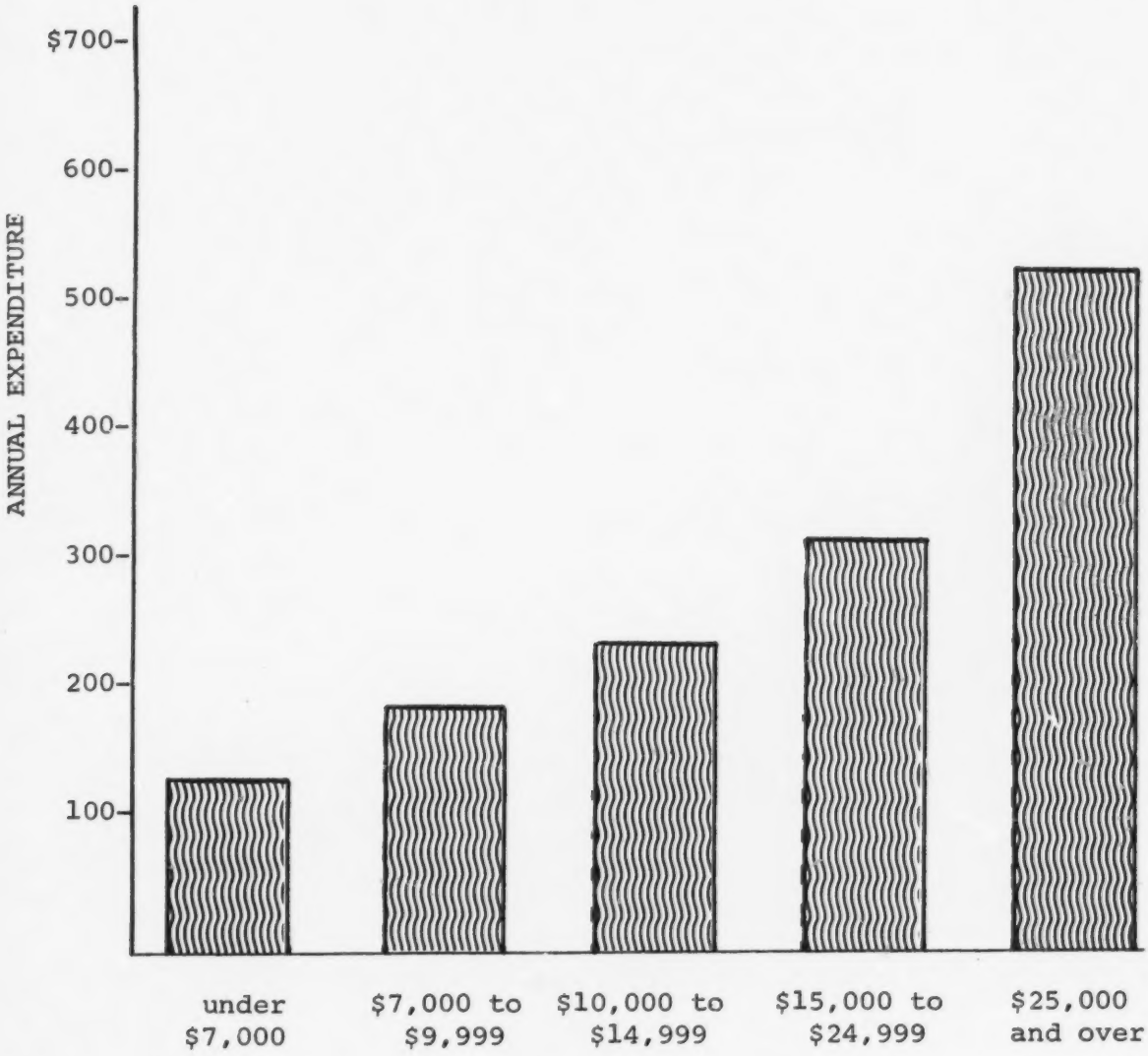


FIGURE VI-7.

Average Family Dental Expenditure, 1977
by Occupation

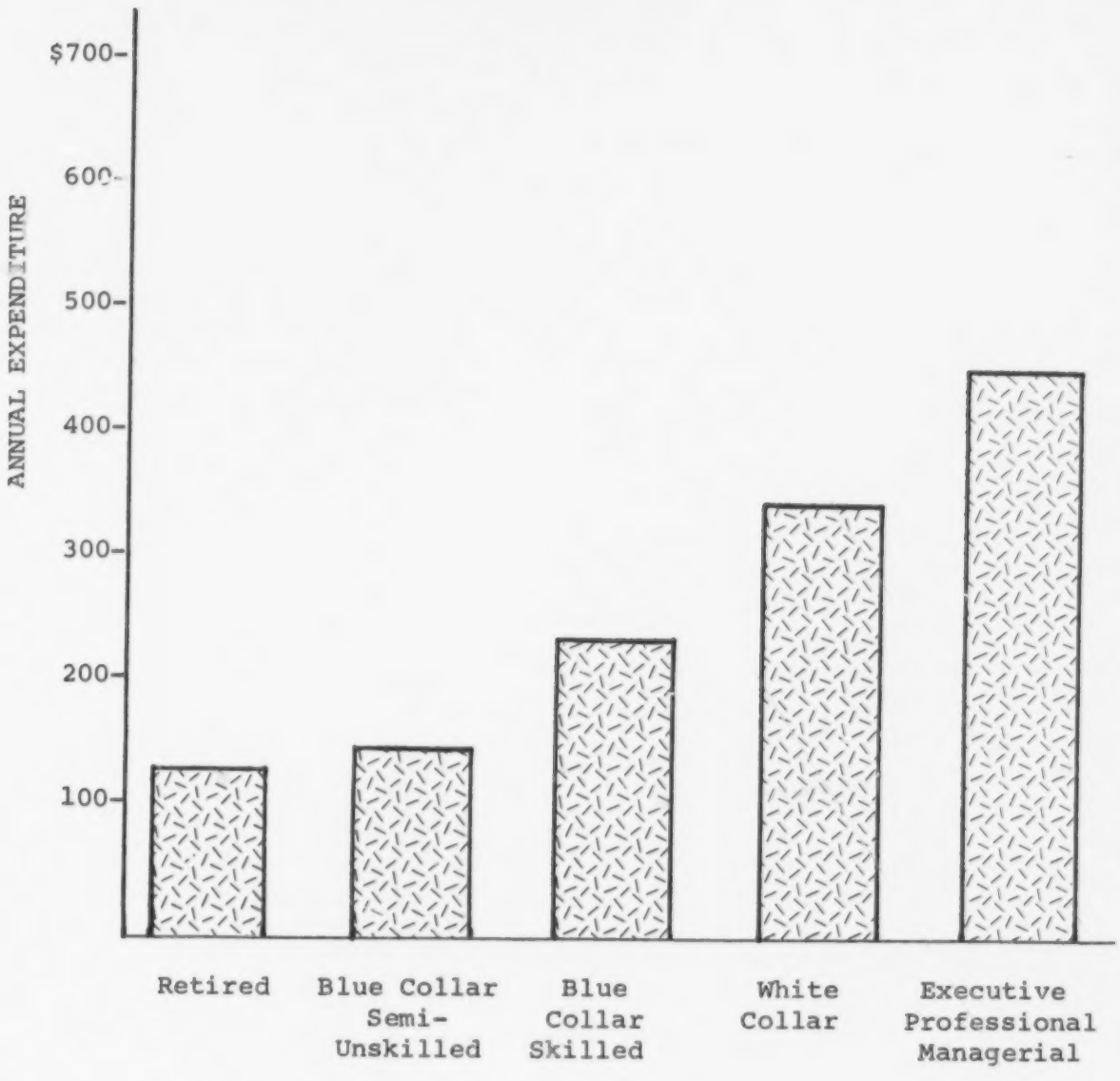
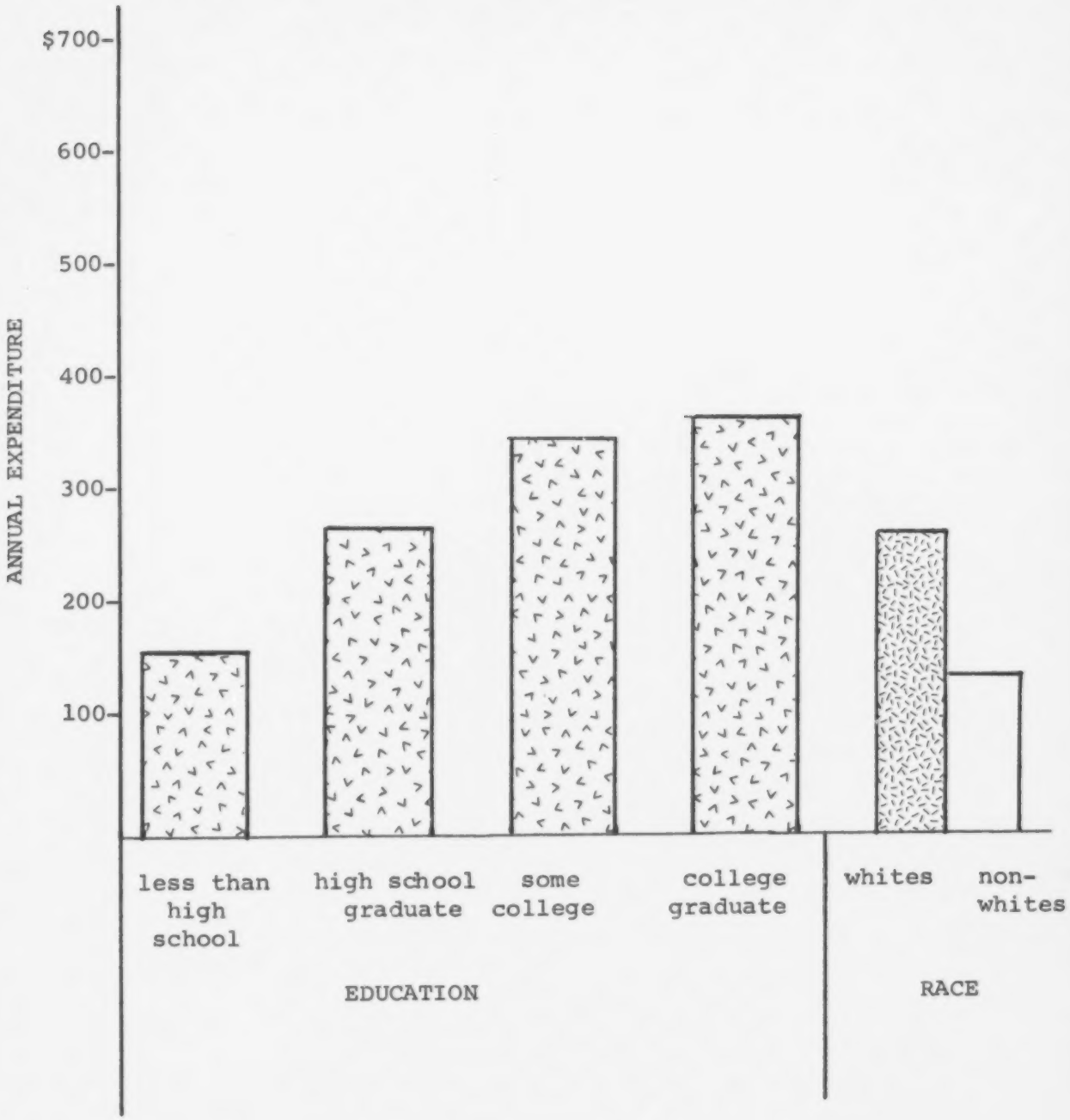


FIGURE VI-8.

Average Family Dental Expenditure, 1977
by Education and Race



VII. DENTAL FEES

A. Effect of Fees on Seeking Care

Seventy percent of respondents said they had never let cost expectations prevent them from seeking dental care, and 83% said they have never let dental fees keep them from returning to complete treatment.

Figure VII-1 shows that, predictably, those with higher incomes are less likely to allow costs to interfere with their dental treatment than are those with lower incomes. For example, 35% of those earning less than $7,000 and 17% of those earning $25,000 or more reported that the expected cost of treatment prevented them from seeking care. Similarly, 19% of those earning less than $7,000 and only 10% of those earning $25,000 or more reported that fees kept them from returning to complete treatment (Figure VII-2).

There was some variation when responses were analyzed by region of the country. Respondents in the North East (20%) are less likely than those in the South (34%)to allow anticipation of costs to prevent them from seeking dental care.

B. Discussion of Fees

When asked if their dentist discusses fees with them before beginning treatment, 31% said yes, 23% said no, and 47% gave no answer or indicated that they did not remember. Respondents between 30 and 44 years of age are more likely to visit dentists who discuss fees (40%) than are those 60 years of age and older (18%). As income increases, the tendency to visit a dentist who discusses fees also increases. Only 19% of respondents earning less than $7,000 see a dentist who discuss fees; 42% of those earning $25,000 or more visit such dentists.

Employed women are more likely to discuss fees with their dentist (42%) than are homemakers (34%); whites are more likely (32%) than non-whites (18%); and college graduates are more likely (43%) than are those with less than a high school education (20%).

A greater percentage of those respondents who let anticipation of costs prevent them from seeking dental care visit dentists who discuss fees (65.6%) than do those who never let expectation of costs interfere (55%) (Figure VII-3).

Interestingly, of those respondents who visit dentists who do not initially discuss fees, 61% said they do not want their dentists to discuss fees before beginning treatment; 28% said they wish their dentist would; and 11% did not know or gave no answer. Respondents in the West more often expressed a desire for their dentists to discuss fees (39%) than did those in other areas of the country. The North East has the smallest percentage of respondents who desire a discussion of costs (18%).

Almost half (45%) of the non-white respondents indicated that they wish their dentists would discuss fees before beginning treatment, as compared to 26% of the white respondents.

C. Opinions on Fees

When asked their opinions on statements regarding various aspects of dentistry, 45% of the respondents agreed with the statement "In general the fees of dentists are reasonable", and 46% disagreed (Figure VII-4). As both income and education levels increase, however, a greater percentage of respondents tended to agree with the statement (Figure VII-5).

The statement, "Most dentists charge too much for fillings" was met with agreement by 53% of the total respondents, and disagreement by 30%. Similarly, in response to the statement, "Most dentists charge too much for dentures", 51% agreed and 16% disagreed. As both educational and income levels increase, a smaller percentage of respondents indicated that they agree with these statements (Figure VII-6).

FIGURE VII-1.

Percent of Respondents Who did not Obtain Dental Care
Due to Anticipated High Cost by Income

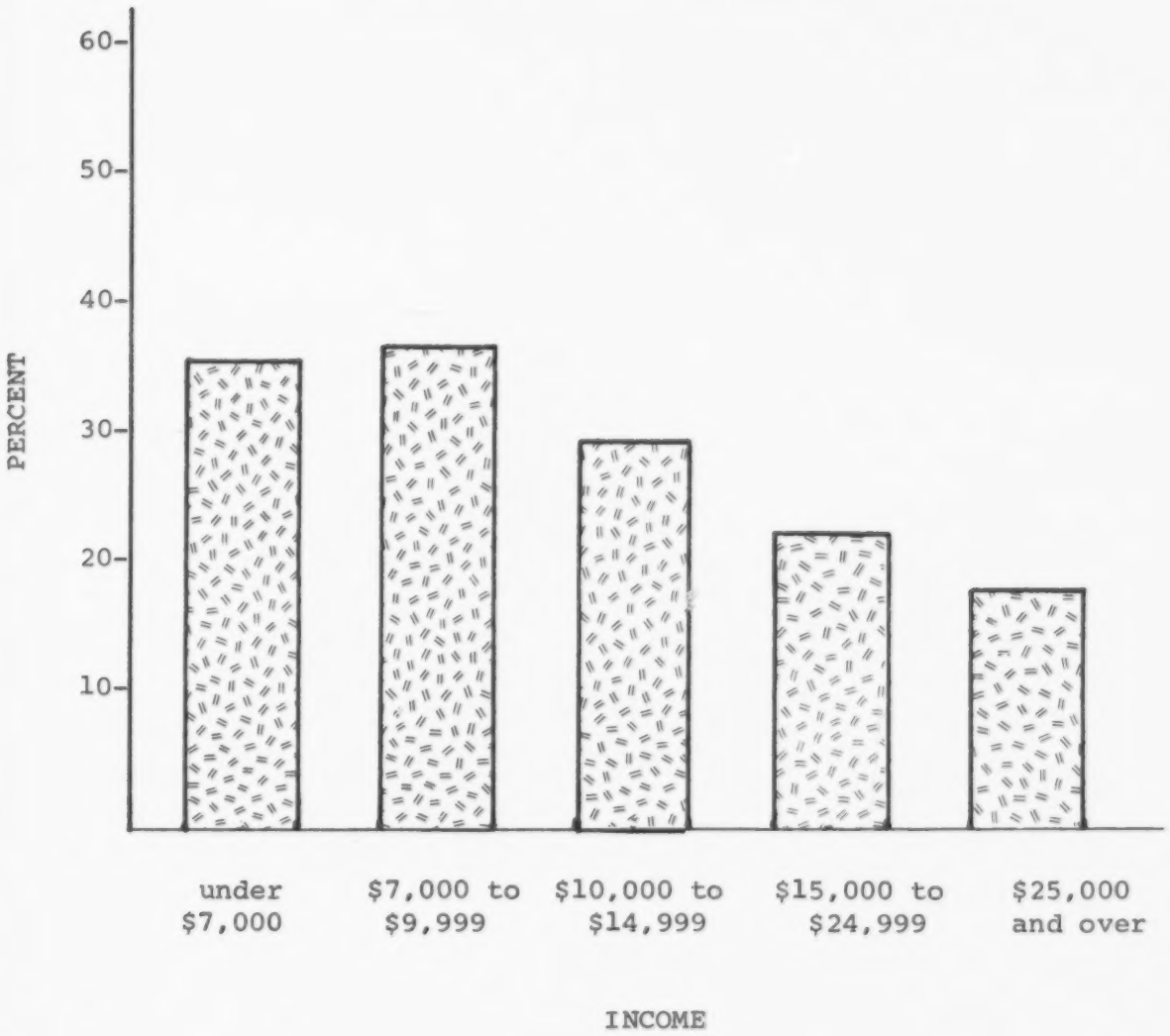


FIGURE VII-2.

Percent of Respondents Who did not Complete Courses of Treatment Due to High Costs by Income

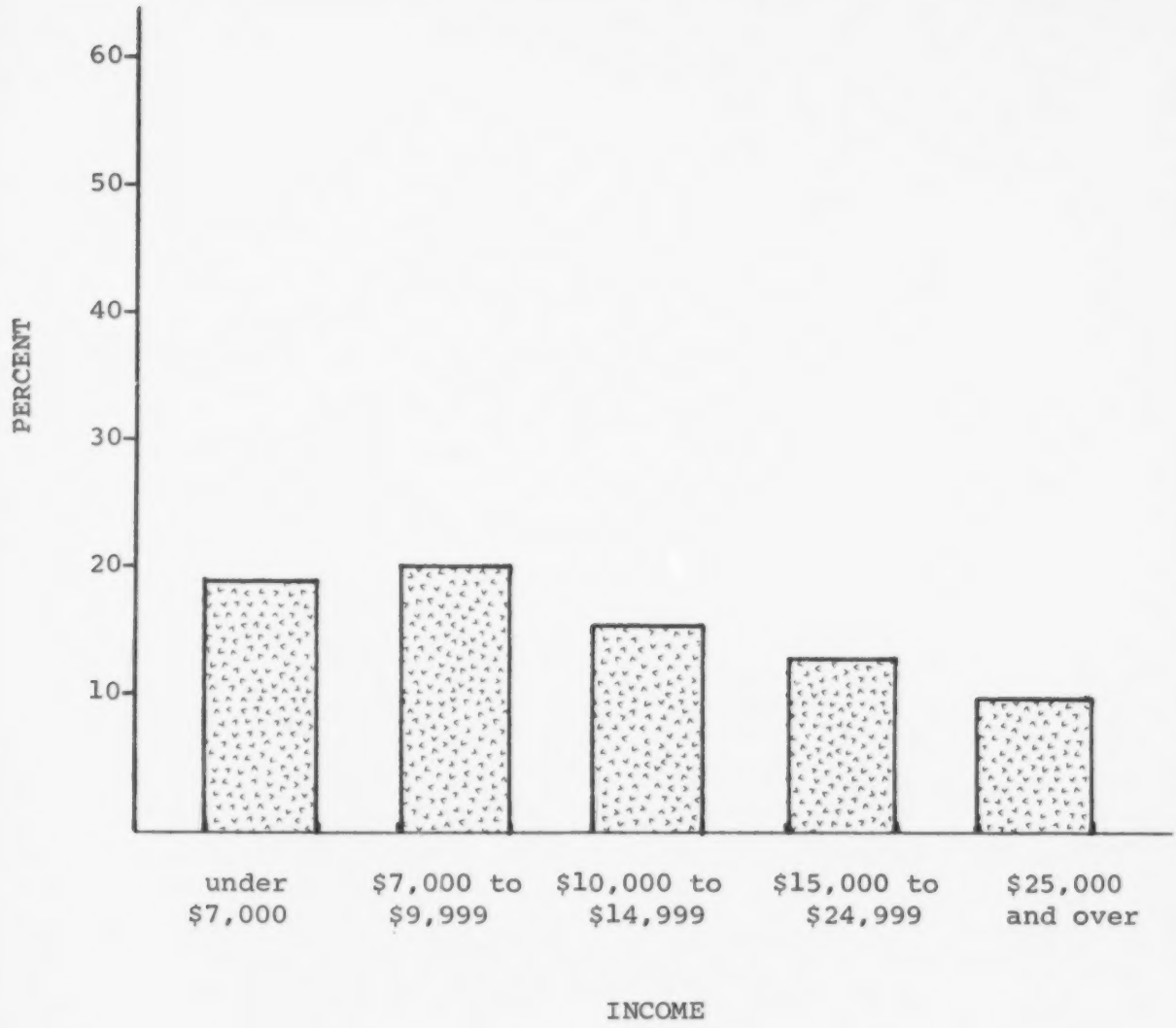


FIGURE VII-3.

Percent of Respondents Who Visit Dentists Who Discuss Fees by Whether Costs Ever Prevented Their Seeking Treatment

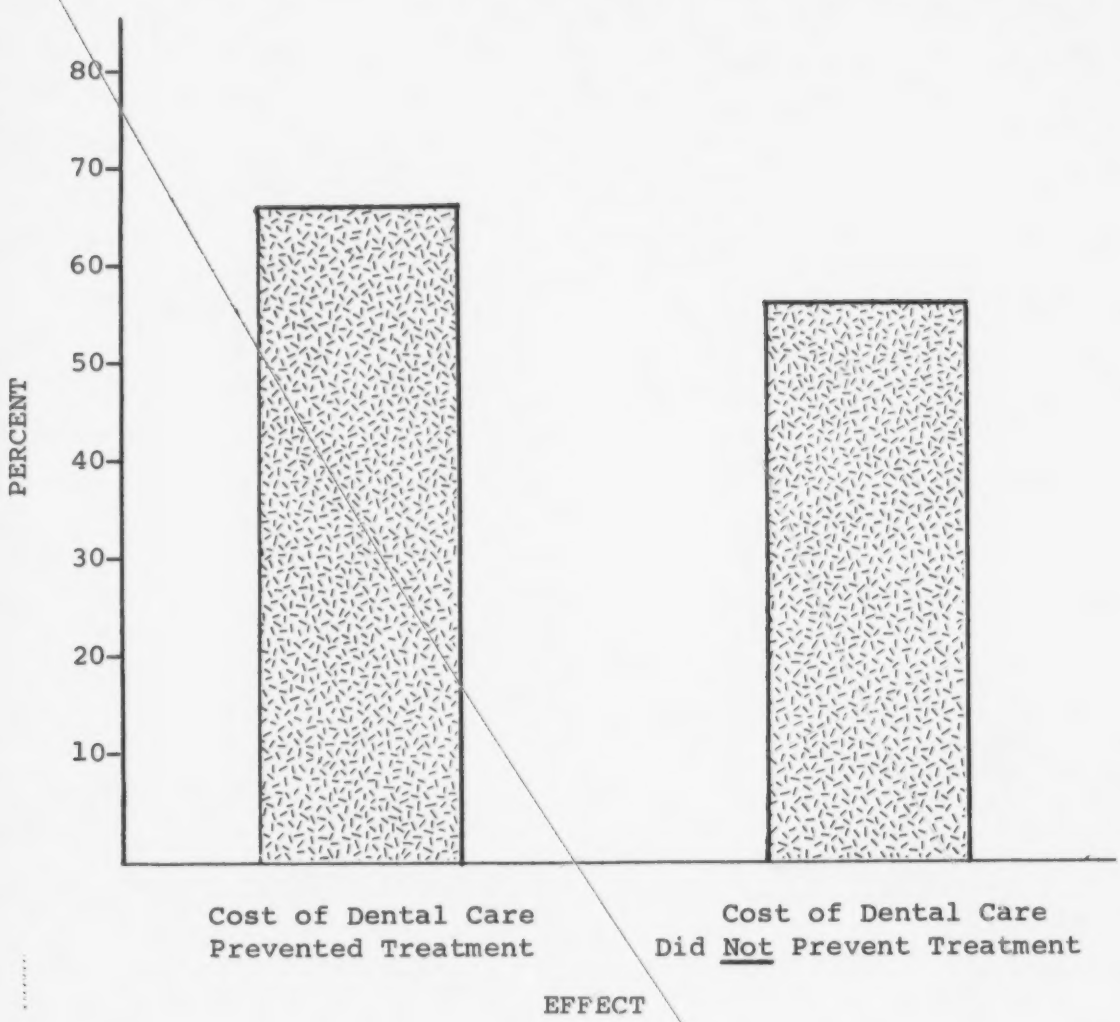


FIGURE VII-4.

Percent of Respondents Who Agree that the Fees of Dentists are Reasonable by Income and Education

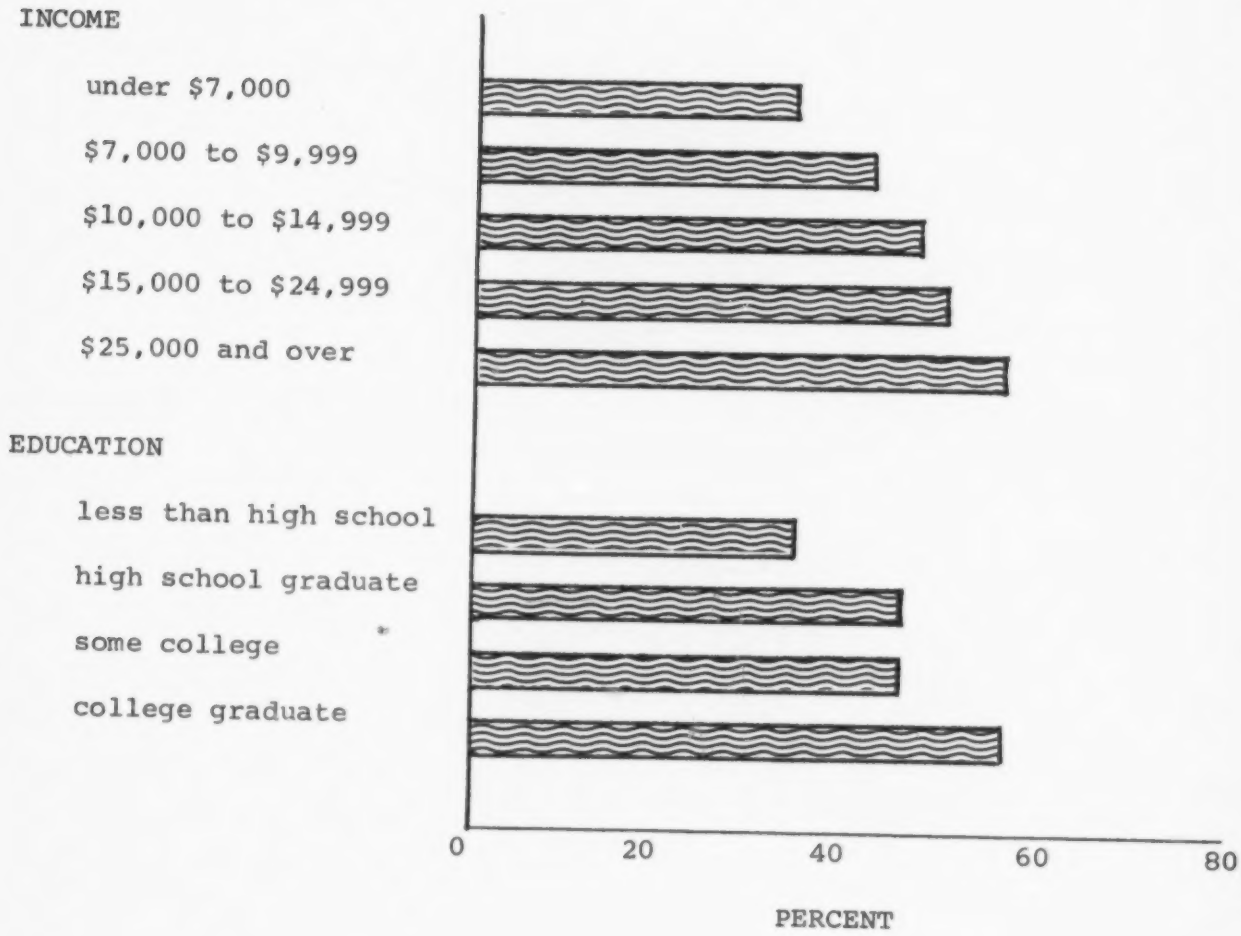


FIGURE VII-5.

Percent of Respondents Who Agree that Most Dentists Charge Too Much for Fillings by Income and Education

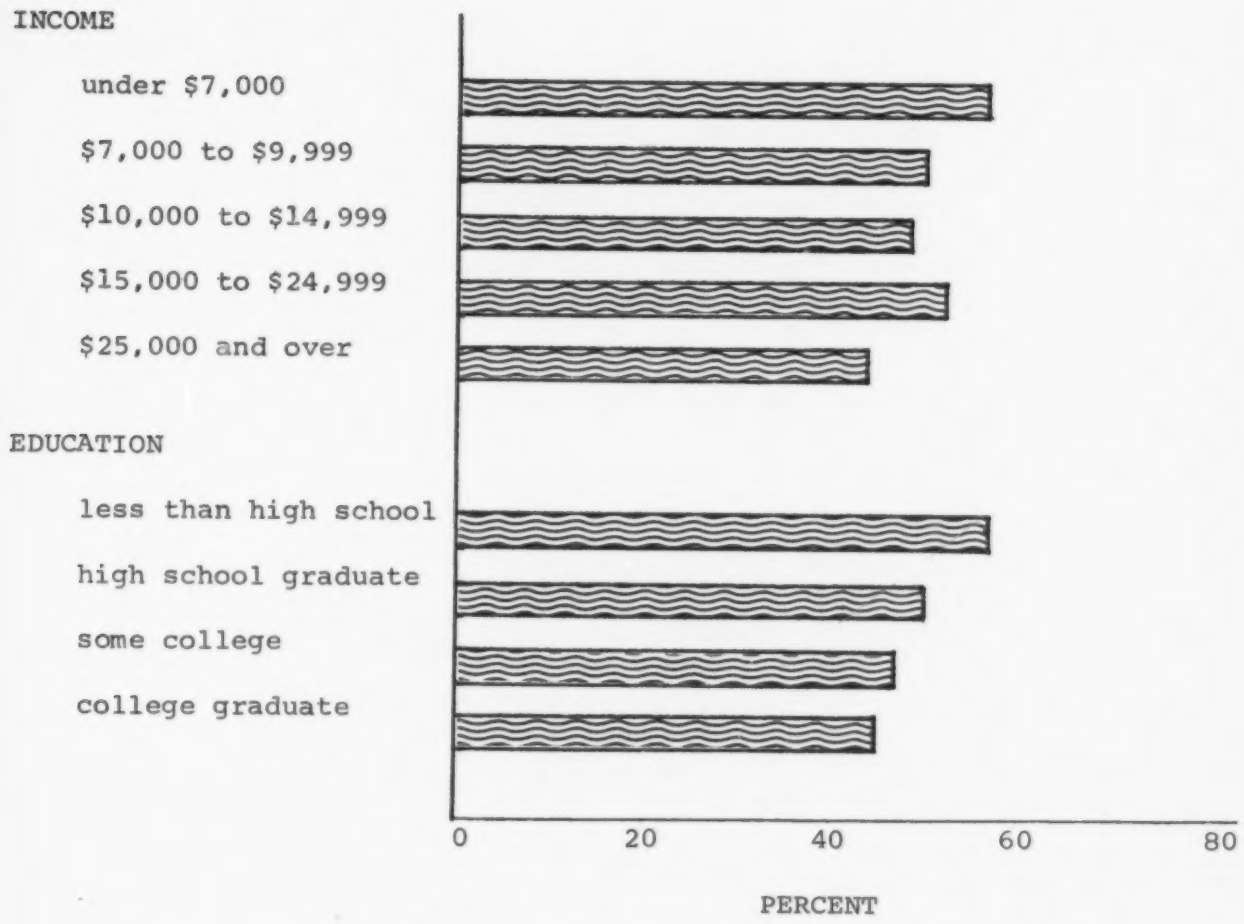
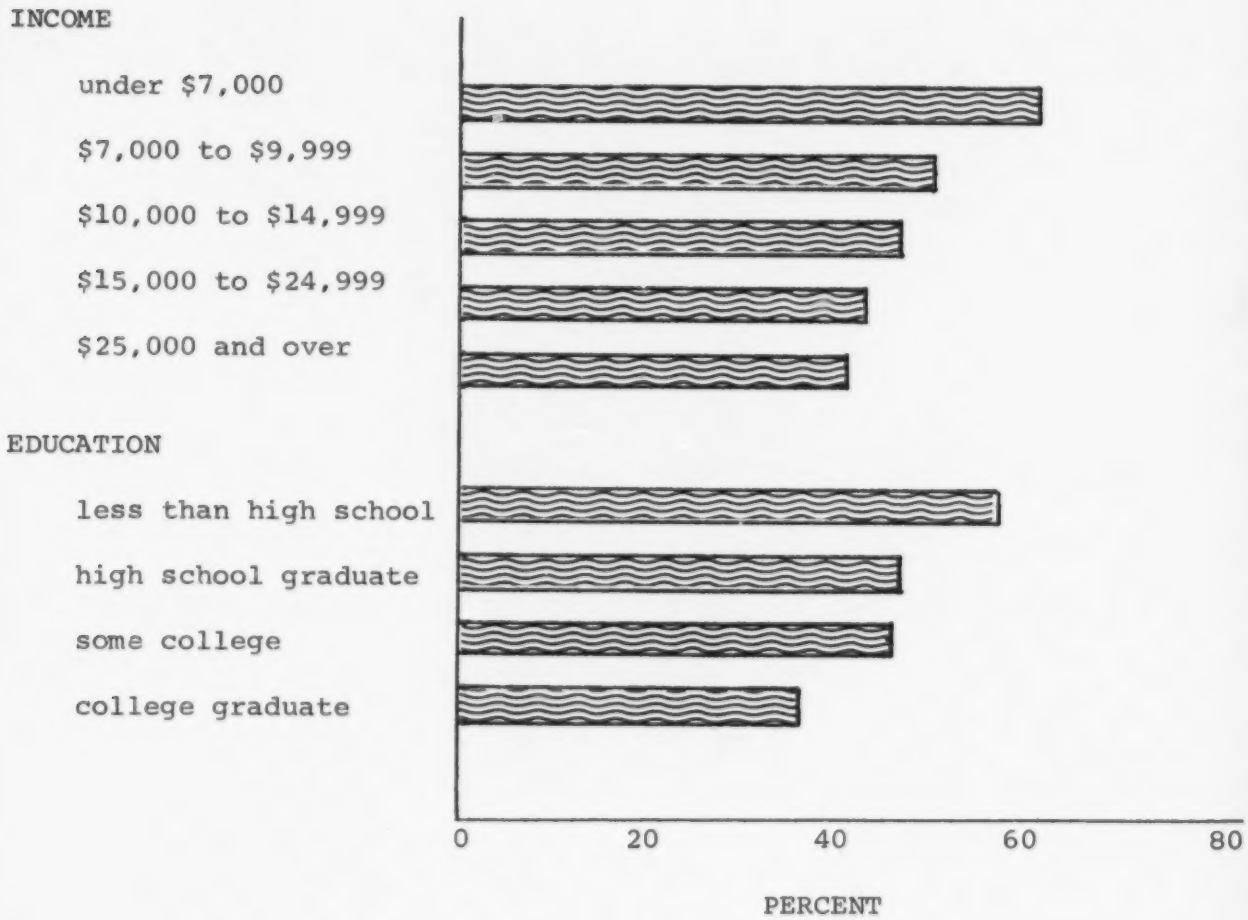


FIGURE VII-6.

Percent of Respondents Who Agree that Most Dentists Charge Too Much for Dentures by Education and Income



VIII. DENTAL INSURANCE

A. Prevalence of Dental Insurance

Over a fourth of the respondents (26%) reported having some form of health insurance that helps pay for their dental care. In addition, 74% of those with such insurance have a policy that covers all family members.

Figure VIII-1 indicates that as household income increases from less than $7,000 a year to $25,000 or more, the percentage of respondents who have dental coverage also increases from 16% to 45%. Those with higher incomes are also more likely to have policies which cover all family members.

A higher percentage of respondents in the West have dental insurance (36%) than in any other region. Of the 18% of the Southern respondents who carry dental insurance, 80% have policies covering all family members.

The greatest percentage of respondents with dental insurance reported they have had the policy for four years or longer (37%). Sixteen percent have had the coverage for two to less than three years, 15% for one to less than two years, and 10% have been covered for six to eleven months.

The majority of respondents who have dental insurance indicated they receive it as a fringe benefit from work (79%). There are some regional variations with a range from 70% of the Western respondents to 92% of those in the North Central carrying dental insurance as an employee benefit.

Given specified choices, all respondents were asked to indicate what they think will result from the growth of dental insurance. The greatest percentage of respondents (50%), feel health insurance premiums will become more expensive; 44% think dental prices will increase; 43% feel better oral health will result; 31% feel waiting time in offices will rise; and 18% think dental prices will decrease. Although 11% feel the growth of insurance will result in an abundance of dentists, 10% think it will create a shortage.

B. Source of Payment for Dental Insurance

Of those who have dental insurance as a fringe benefit, almost half reported that their employers pay the entire premium (47%), while the same percentage said that their employers pay only part of the premium.

Twenty-two percent of all respondents with dental insurance reported that their insurance covers their total dental bill, while 11% said that it covers between 81% and 99%, 23% reported that it covers 80%, and 21% said it pays between half and 80% of the bills. The average dental insurance policy held by respondents pays 76% of the cost of care.

C. Amount of Coverage

Over half (52%) of the respondents feel that the individual should pay part of the dental bill, while 46% said that the total bill should be covered by insurance. A larger percentage of respondents having higher income, educational, and occupation levels agree that individuals should be responsible for a portion of their dental bills (Figure VIII-2).

Of those respondents who agree that patients should pay part of their dental costs, 26% feel that individuals should be responsible for 20% of the total bill; 15% feel patients should pay 25%; 15% feel individuals should pay at most 10%; and 13% feel individuals should cover 50% of the bills. On average, respondents stated that individuals should pay 25.7% of the total costs.

FIGURE VIII-1.

Percent of Respondents who have Dental Insurance by
by Income, Education and Region

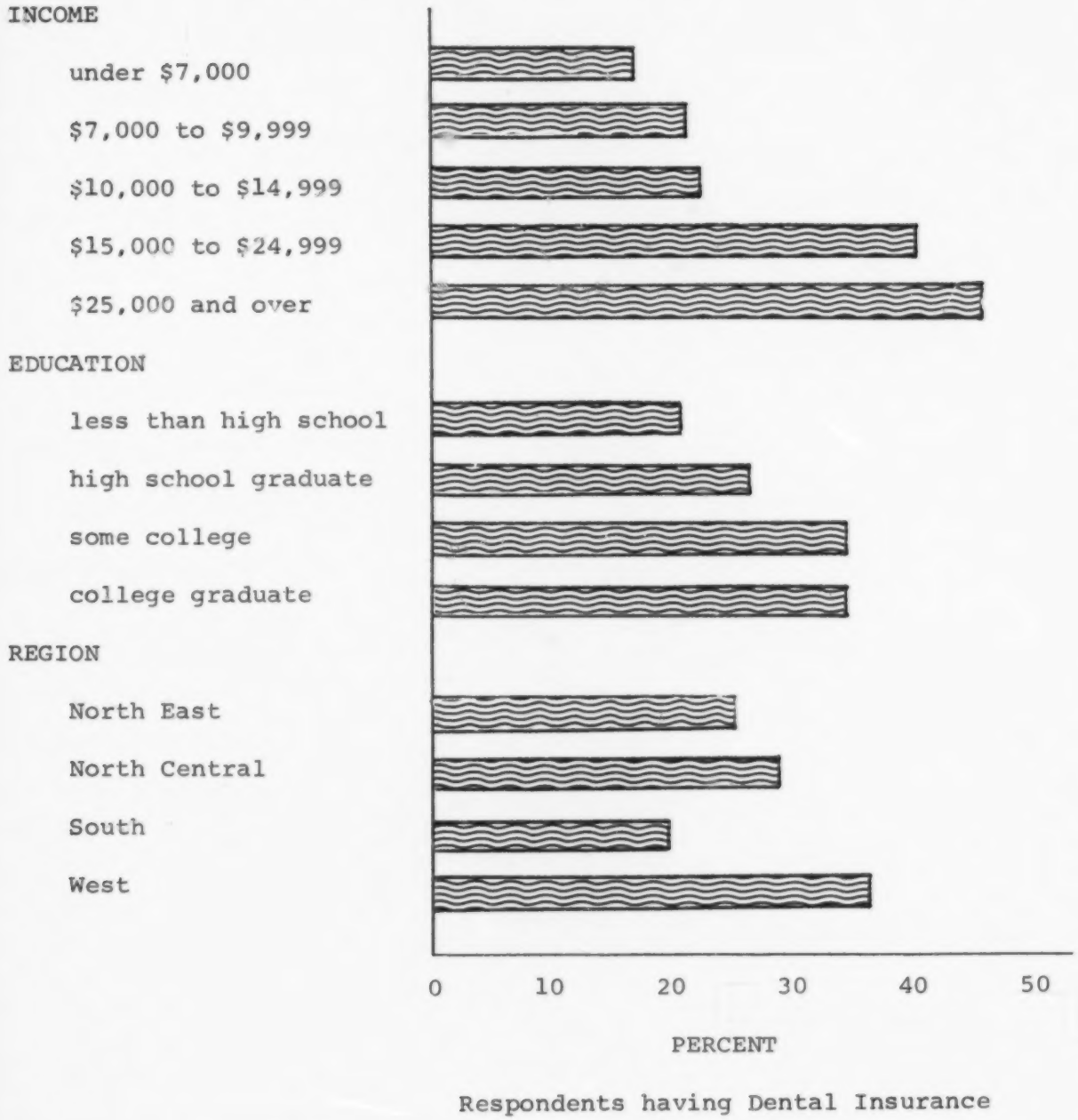
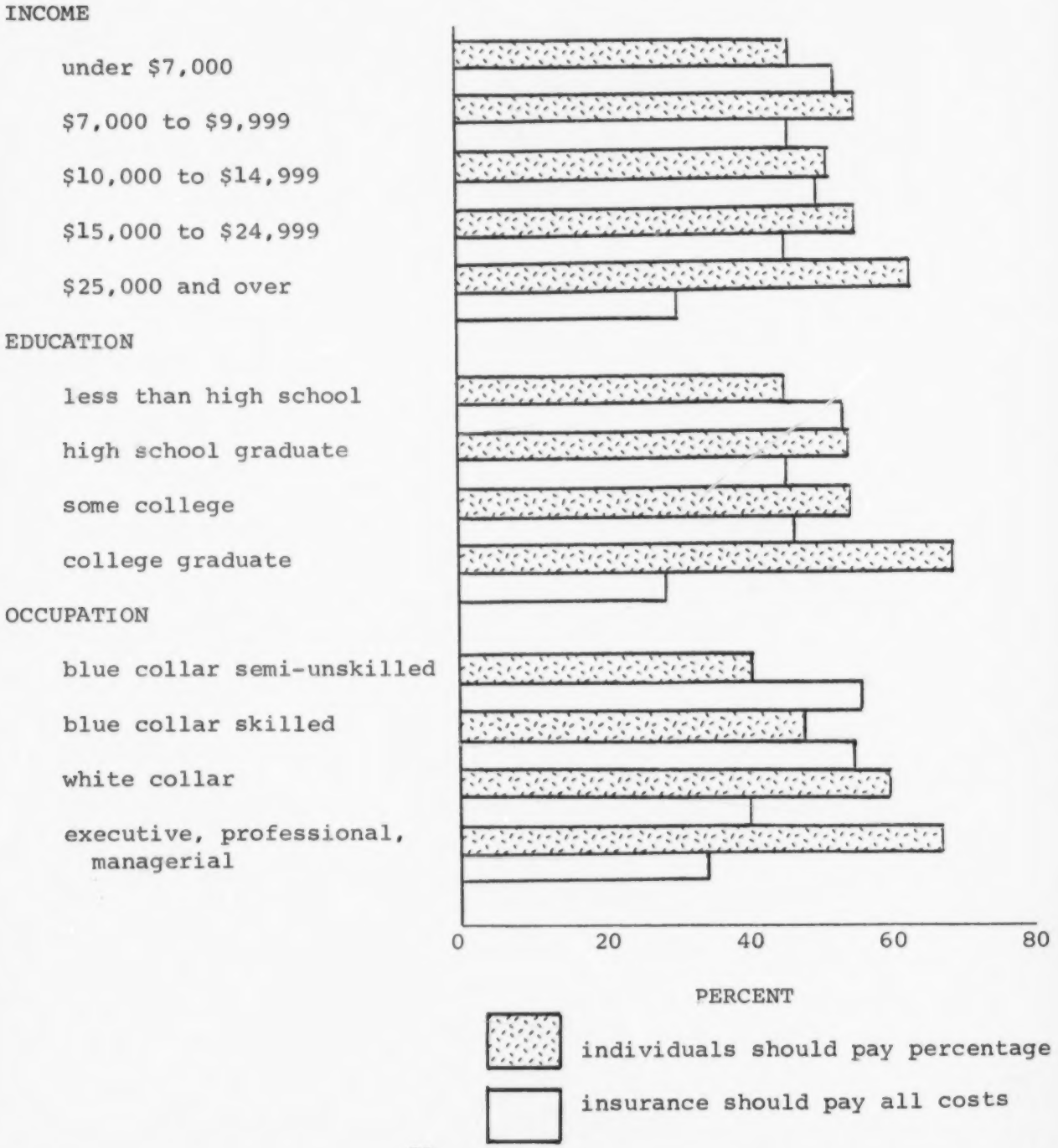


FIGURE VIII-2.

Percent of Respondents Opinions on Dental Insurance Coverage by Income, Education and Occupation



IX. Dental Care of Poor

A. Opinions on Providing Basic Care

Although most people agree that everyone, regardless of ability to pay, is entitled to basic dental care (91%), respondents with the highest educational, income, and occupational levels are less likely to agree (Figure IX-1). Regionally, 95% of the respondents in the North East and 88% of those in the South indicated that all are entitled to care, even if they cannot afford it.

Interestingly, 15% of the total respondents stated that dentistry should not be included in a National Health Insurance program. College graduates are more likely to agree that dentistry should not be included (27%) than are those with less than a high school diploma (11%).

B. Opinions on Funding Sources

When asked about funding sources for the dental care of the poor, 53% of the respondents reported that money should come from the federal government, 27% said that state or local taxes should cover such care, 12% indicated that the poor should pay for services themselves, and 9% said dentists should provide free dental care to the indigent (Figure IX-2).

As educational level increases from those with less than a high school education to college graduates, the percentage of those who feel dentists should provide free care increases from 6% to 13%. In addition, those earning at least $25,000 are more likely to report that the poor should pay for dental care themselves (14%) than are those making $7,000 or less (9%) (Figure IX-3).

Sixty-eight percent of those in the North East and 46% in the South indicated that the federal government should pay for the dental care of the poor; 32% of the respondents in the West and 20% in the North East indicated that funds should come from state and local taxes.

C. Opinions on Methods of Care Delivery

Forty-one percent of respondents feel that National Health Insurance should offer dental coverage in which dentists in private practice would be reimbursed for services rendered. Fourteen percent feel that dental services included in a National Health Insurance Program should be delivered by government salaried dentists located in selected central clinics, and 10% feel services should be delivered by government salaried dentists located in private practices (Figure IX-4).

As age increases, the likelihood that respondents will prefer that dentists be government salaried, either in private practices or in central clinics, decreases. Those with children under six years of age are more likely to think that dentists should be salaried in clinics (20%) than are those with older children (12%) or those without children (13%) (Figure IX-5).

There are some regional differences: 19% of the respondents in the West, compared to 11% of those in the North Central region feel that dentists should be salaried by the government and should be located in selected central clinics. Respondents in the West are more likely to indicate that dentists should stay in private practices with fees reimbursed (47%) than are those in the South (34%).

D. Opinions on Access Difficulties

When asked how access to care would be affected if all dentists were employed by the government, nearly half of the respondents predicted that it would be harder to get dental care (45%), 22% believed it would be easier, and 32% indicated that there would be no change.

If all dentists were salaried by the government, the tendency for respondents to expect difficulties obtaining care increases as educational and income levels increase. Over half of those earning $25,000 or more anticipate difficulties (57%), compared to 38% of those earning less than $7,000. Half of the respondents in the North Central region and 36% of those in the North East predicted that dental care would be more difficult to obtain if all dentists were government employed (Figure IX-6).

In contrast, 41% of non-whites and 19% of whites indicated that dental care would be easier to obtain if all dentists were government employed.

FIGURE IX-1

Percent of Respondents Who Agree that All People are Entitled to Dental Care by Income Education and Occupation

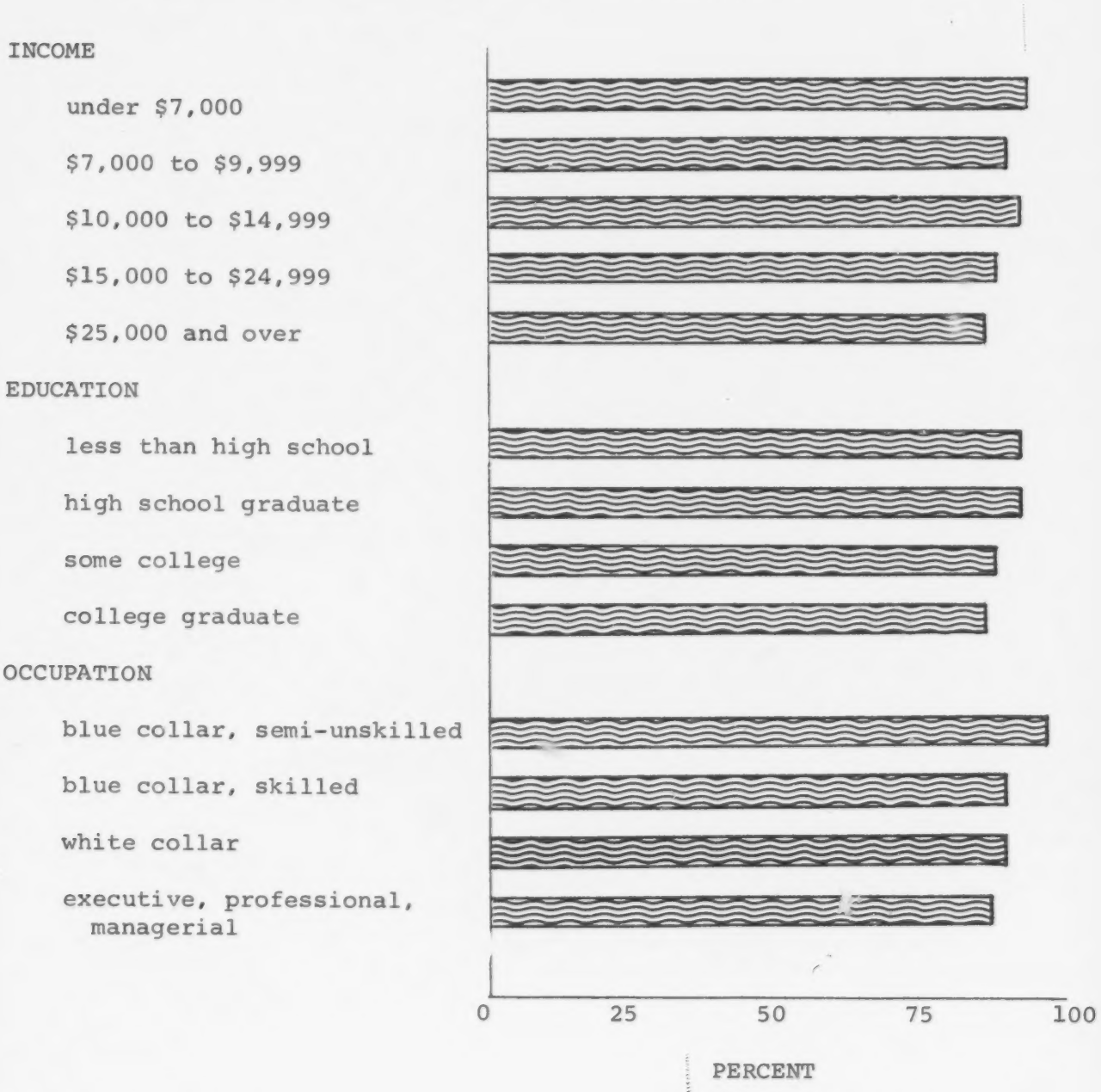


FIGURE IX-2.

Respondents' Opinions About
Who Should Pay for the Dental Work of the Poor

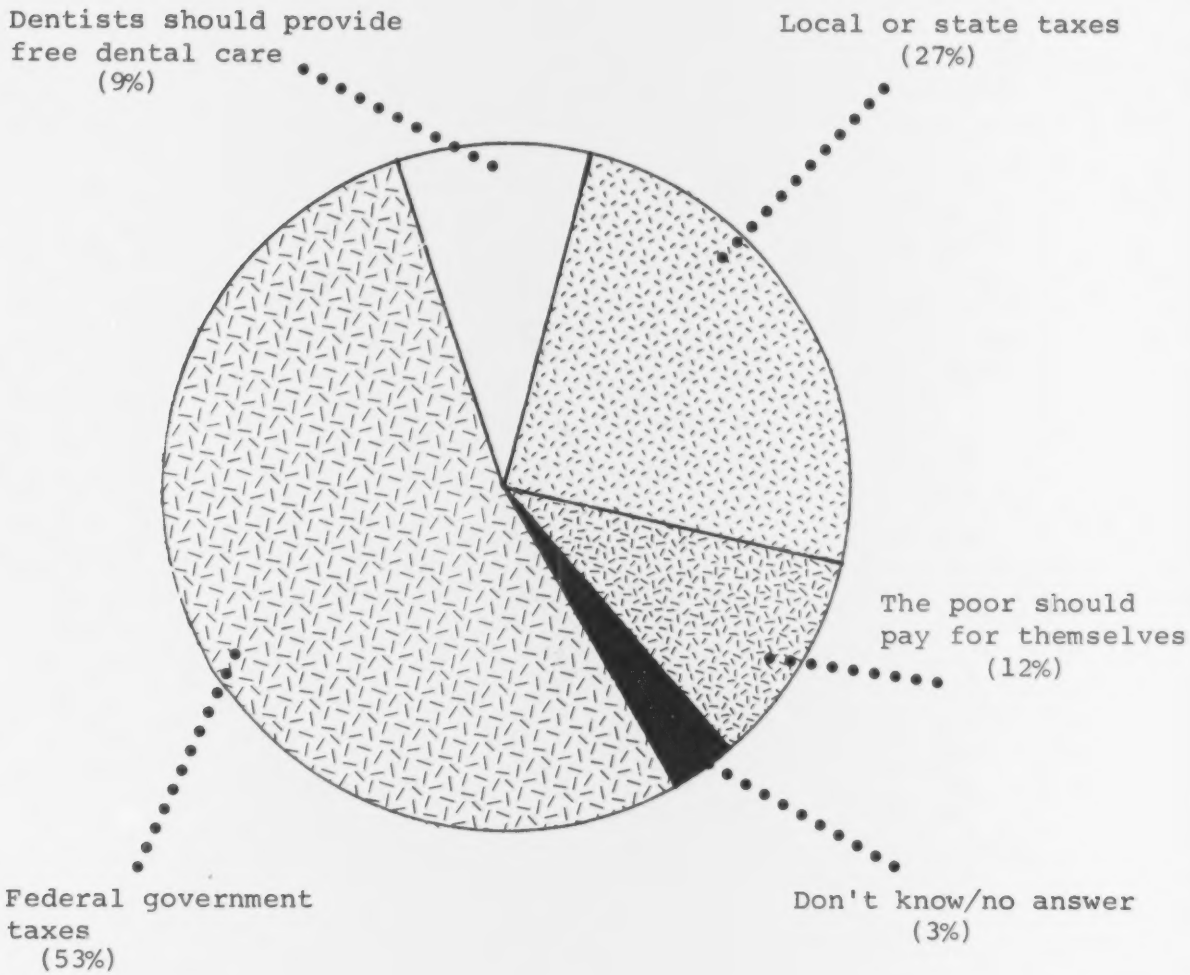

Dentists should provide free dental care (9%)
Local or state taxes (27%)
The poor should pay for themselves (12%)
Don't know/no answer (3%)
Federal government taxes (53%)

FIGURE IX-3.

Respondents' Opinions About Who Should Pay for the Dental Work of the Poor by Education

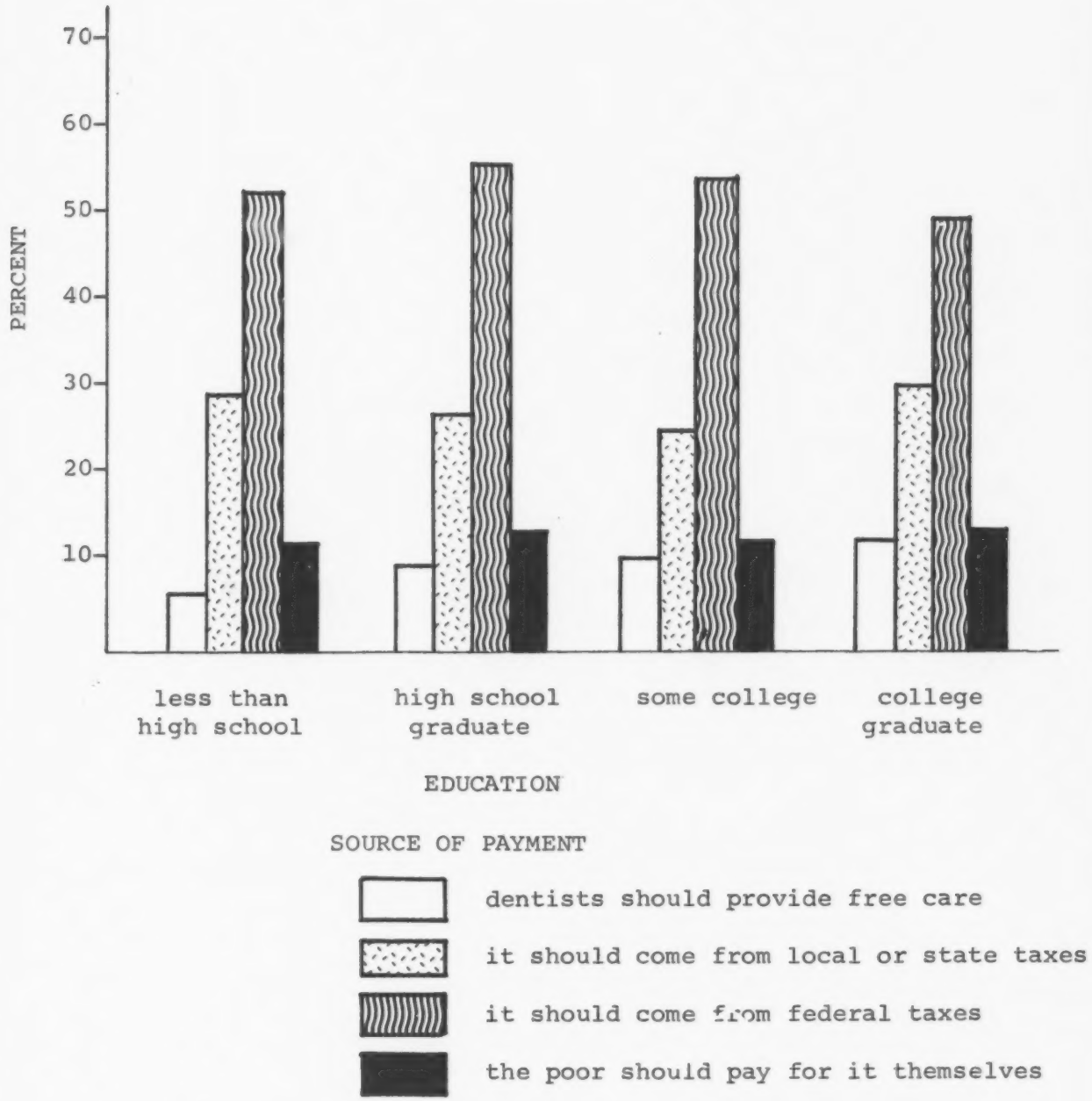


FIGURE IX-4.

Respondents' Opinions About Dentists' Involvement in a National Health Insurance Program

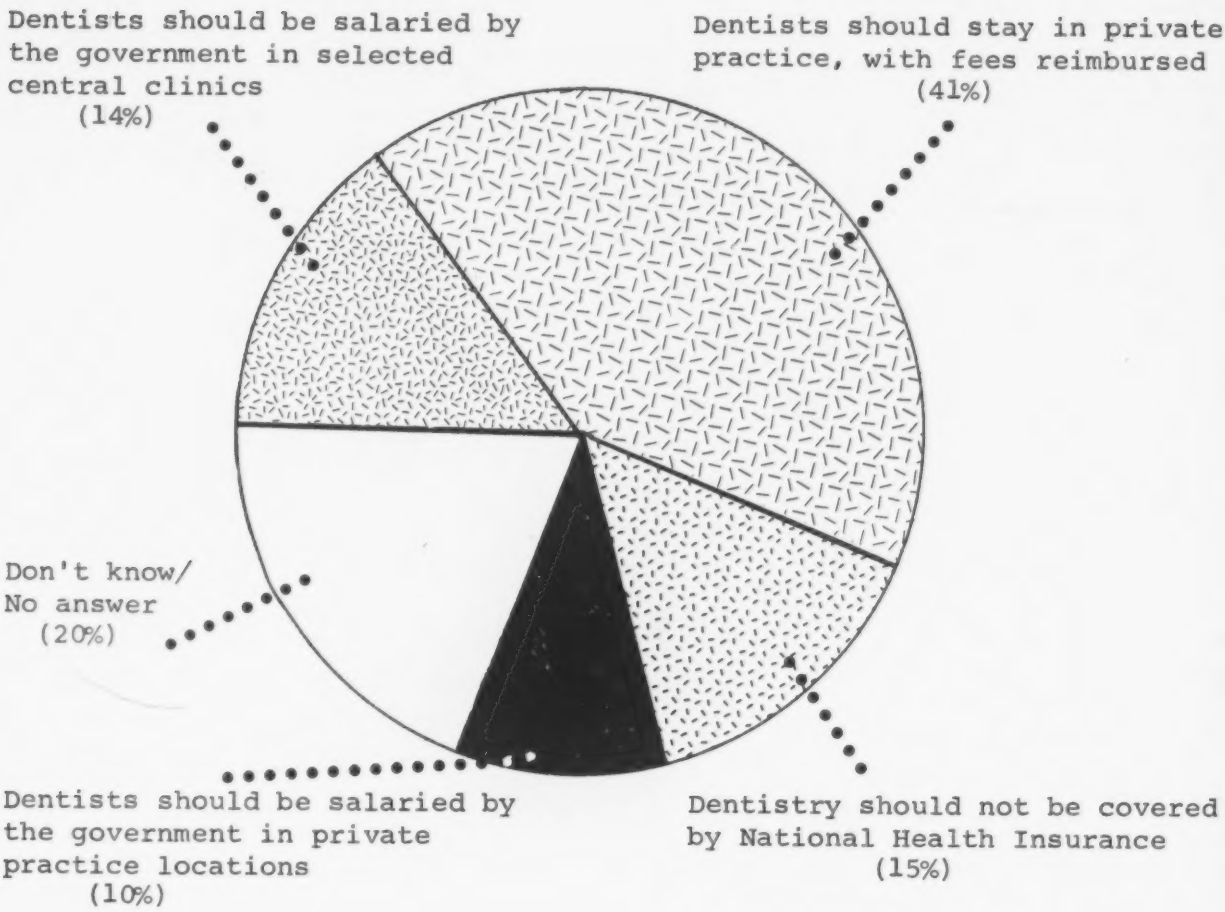

Dentists should be salaried by the government in selected central clinics (14%)
Dentists should stay in private practice, with fees reimbursed (41%)
Don't know/ No answer (20%)
Dentists should be salaried by the government in private practice locations (10%)
Dentistry should not be covered by National Health Insurance (15%)

FIGURE IX-5.

Respondents' Opinions About Dentists' Involvement
in a National Health Insurance Program by Family Composition

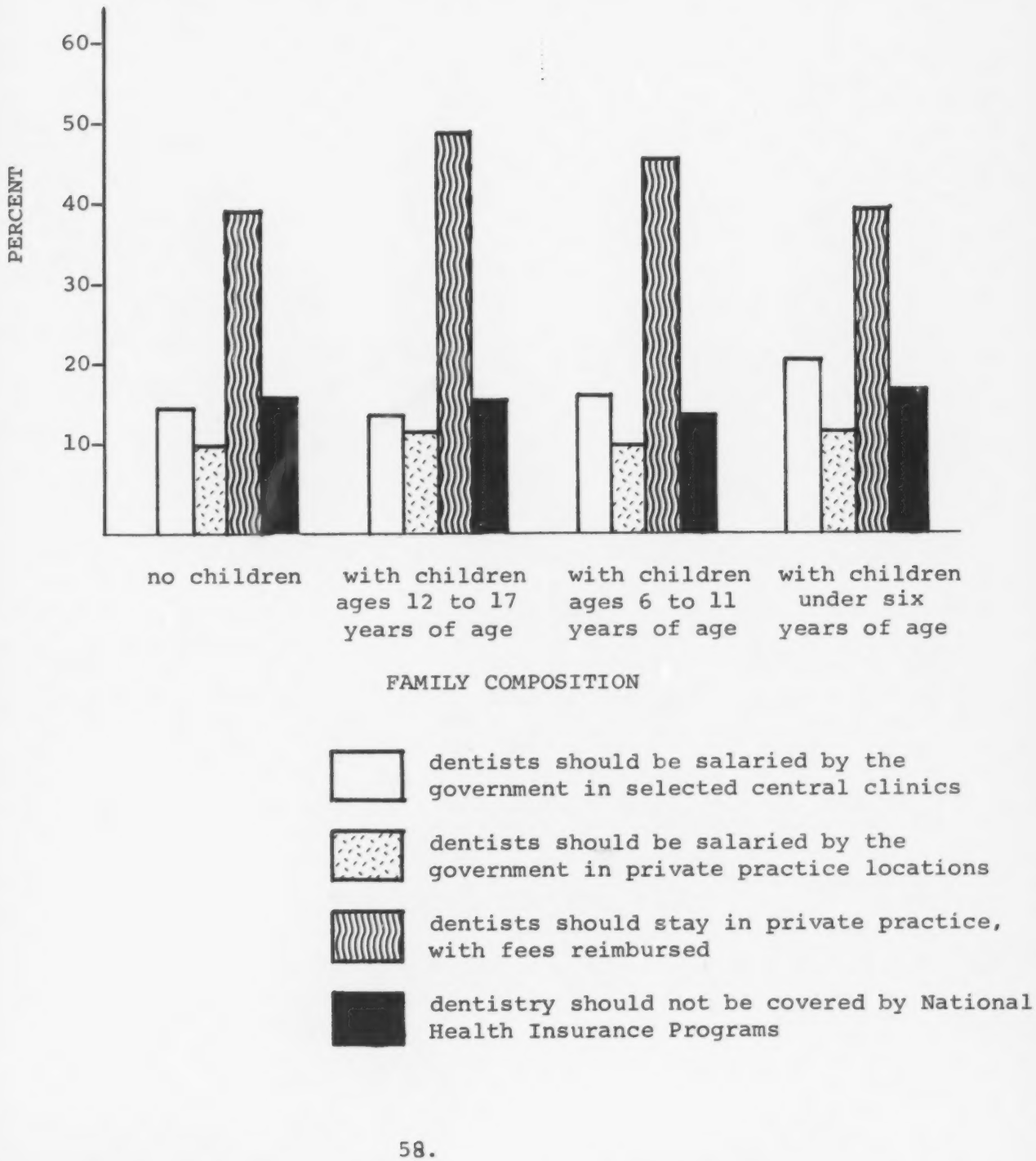
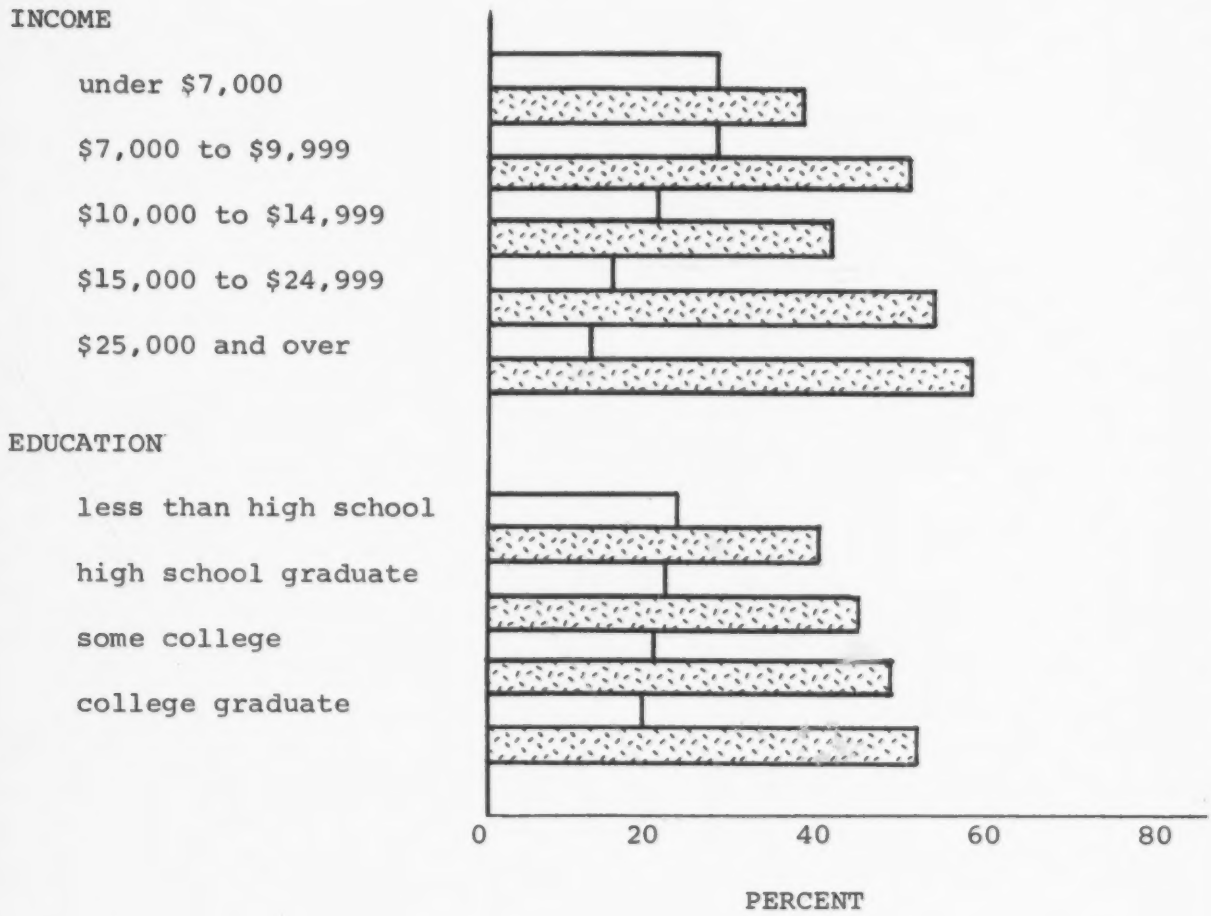

60
50
40
30
20
10
PERCENT
no children
with children ages 12 to 17 years of age
with children ages 6 to 11 years of age
with children under six years of age
FAMILY COMPOSITION
dentists should be salaried by the government in selected central clinics
dentists should be salaried by the government in private practice locations
dentists should stay in private practice, with fees reimbursed
dentistry should not be covered by National Health Insurance Programs

FIGURE IX-6.

Respondents' Opinions About Accessibility of Dental Care if All Dentists were Employed by the Government



"If all dentists were employed by the government, do you think it would be:

easier to get dental care

harder to get dental care

X. DENTURES

A. Denture Wearers

Approximately 15% of the respondents indicated they have full dentures and 39% have an immediate family member with dentures. As might be expected, as age increases the likelihood for the respondent to wear dentures also increases. In addition,those with less than a high school education are more likely to wear dentures than respondents with high levels of education (Figure X-1). Similarly, a higher percentage of those respondents with household incomes of less than $7,000 have full dentures (29%) than those earning $25,000 or more (7%).

With regard to race, although there was no great variation among respondents who wear dentures, results reveal that more whites have denture-wearers in the family (42%) than do non-whites (23%).

When compared to those from suburban and metropolitan areas, respondents from rural areas have the smallest percentage of people who have all their own teeth (39%) and the largest percentage who are missing some teeth but have no dentures (21%) (Figure X-2).

B. Opinions on Dentures

When asked their opinions on various statements regarding dentures, 83% of the respondents agreed that "a person should always go to a dentist if he wants satisfactory dentures". Those most likely to disagree with the statement are respondents between the ages of 30 and 44 (13%), those with household incomes of $10,000 to $14,999 (13%), and those who live in the West (11%).

There was an almost even distribution of responses to the statement "For people with full dentures, regular visits to the dentists are not necessary"; 41% agree and 40% disagree. While well over half of those 60 years of age and older agree (67%), only 30% of those ages 18 to 29 do so. Further, as levels of household income and education increase, so does the percentage of those who disagree with the statement (Figure X-3).

The majority disagree that "It is not necessary to go to the dentist to repair a broken denture" (64%). Approximately 26% of the non-white respondents, however, and 24% of those earning under $7,000 annually, agreed with the statement.

Over half of the respondents agreed with the statement "Most dentists charge too much for dentures", while 16% disagree and 33% had no opinion. Analysis shows that as age increases, the likelihood for the

respondent to agree with the statement also increases (Figure X-4). In addition, those with higher incomes (Figure X-4) as well as those with higher levels of education (Figure X-5) are less likely to agree that dentures are overpriced, than lower income, less educated respondents. There was also some regional variation, with 62% of the respondents in the South, and 45% in the North East and North Central indicated that denture costs are too high.

C. Denturism

When the respondents who wear dentures or have an immediate family member wearing dentures were asked if they or their relative had gone to anyone other than a dentist for denture work, the vast majority (92%) reported that they had not. In addition, 76% of the respondents said they do not know the meaning of the term "denturist".* Older respondents are more likely to indicate they don't know the meaning of the term, while those in higher income and educational brackets are more likely to indicate that they do. Thirty-two percent of those in the West and 14% of those in the North Central region said they know the meaning of the term.

Of those respondents who claimed to know the definition of a "denturist", 57% said that it means "someone who makes dentures", 10% thought it referred to someone who "works on dentures", and 9% reported it is an unlicensed dentist. Other responses include "a laboratory technician" (6%), and "a female dentist" (5%).

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* Denturists are one of a small number of laboratory technicians who are seeking to be licensed independently in order to provide dentures directly to the public.

FIGURE X-1.

Respondents Oral Health Status by Education

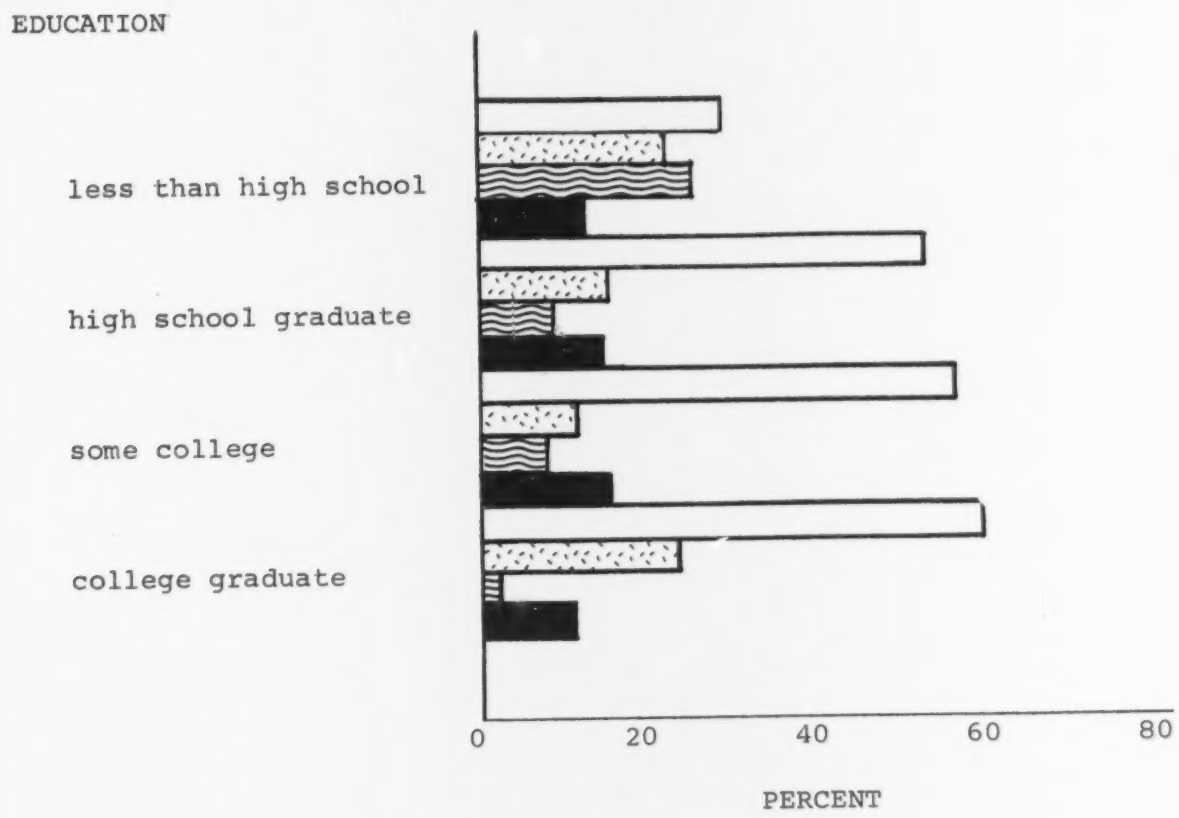
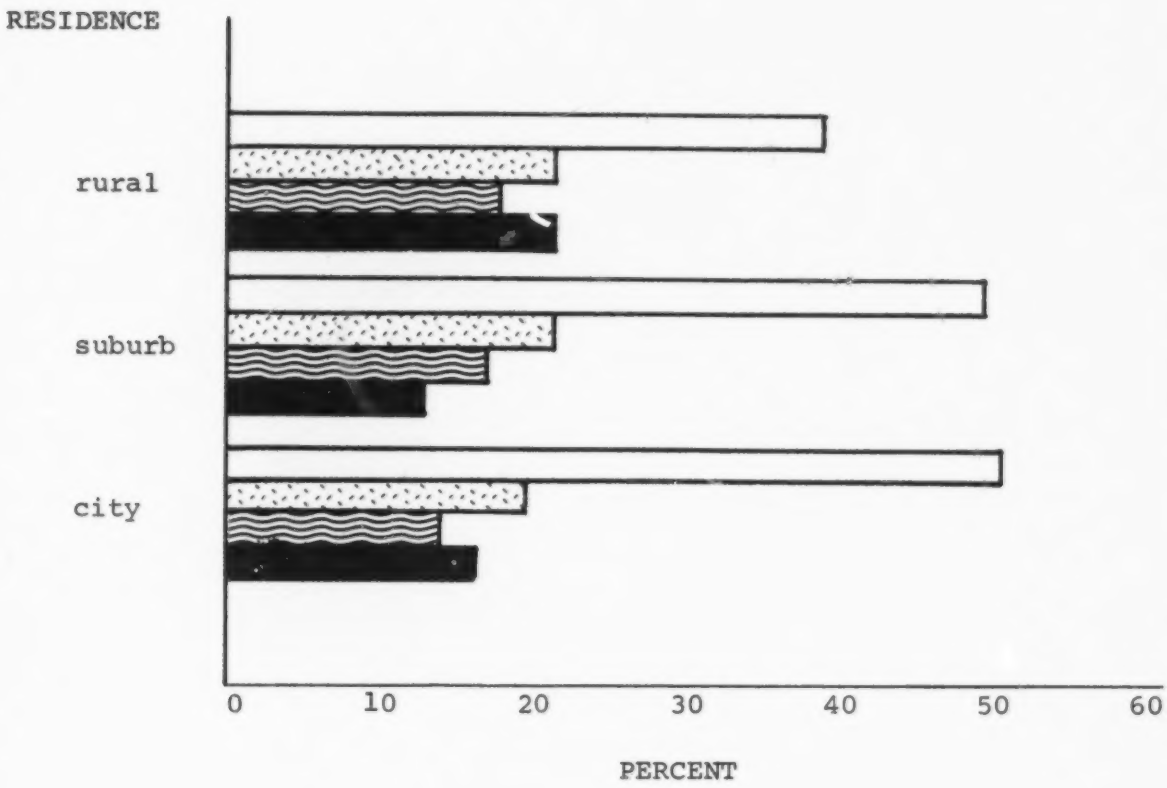


FIGURE X-2

Respondents' Oral Health Status by Area of Residence



ORAL HEALTH STATUS

Respondents have:

- all their own teeth
- partial dentures
- full dentures
- missing teeth, no dentures

FIGURE X-3.

Percent of Respondents Who Agree that People with Full Dentures Do Not Have to visit the Dentist Regularly by Age, Income and Education

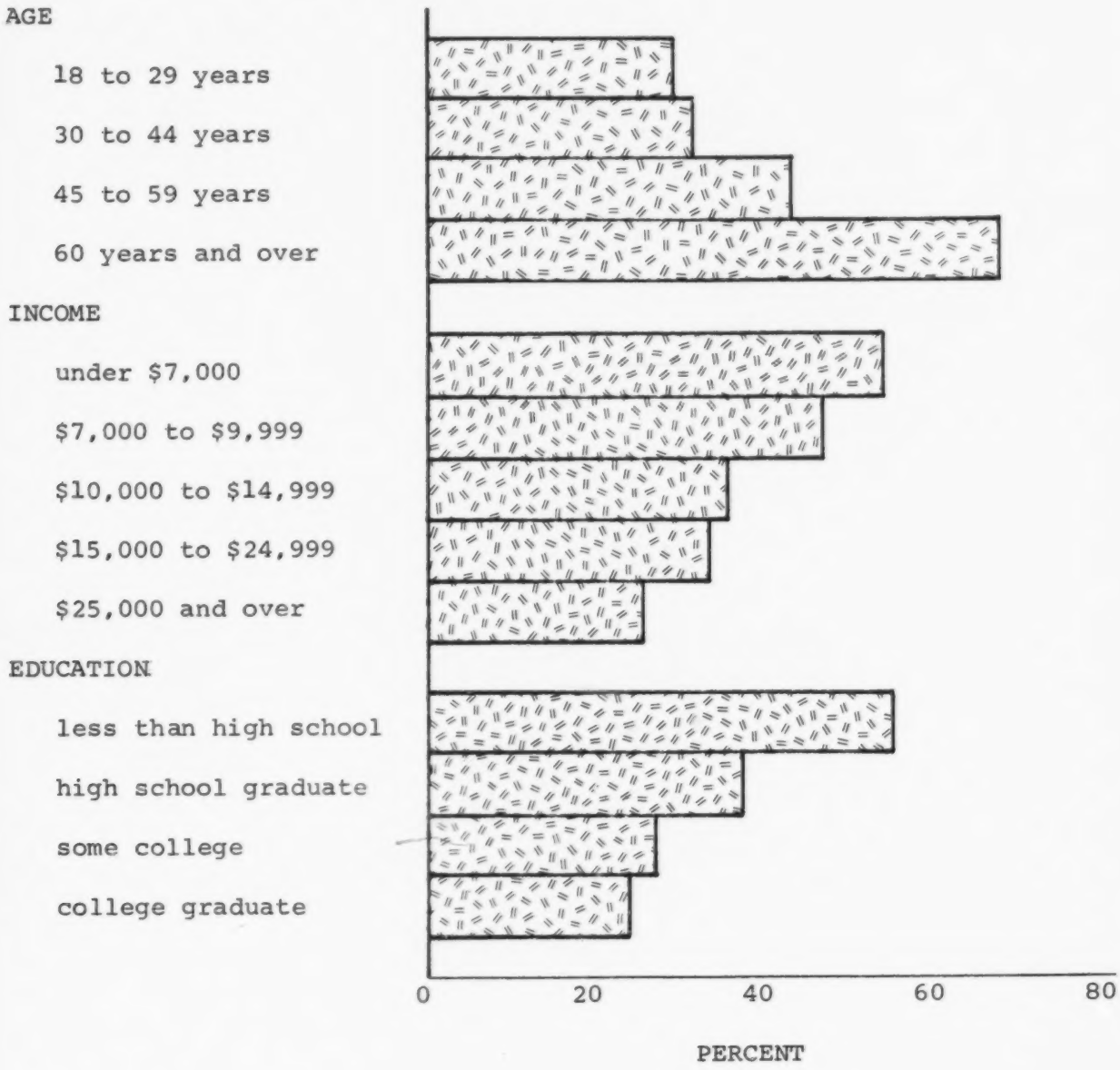


FIGURE X-4.

Percent of Respondents Who Agree that Most Dentist Charge Too Much for Dentures by Age and Income

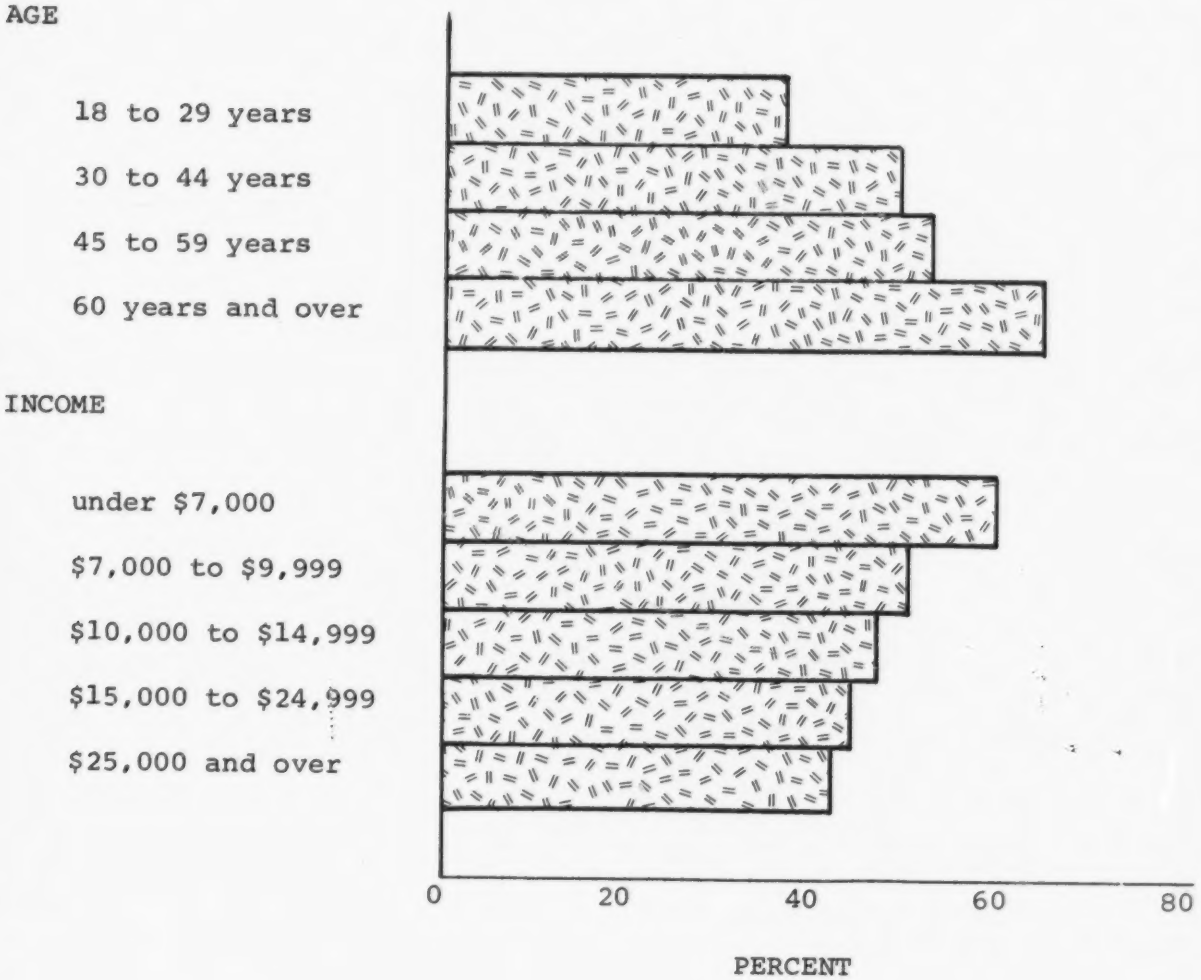
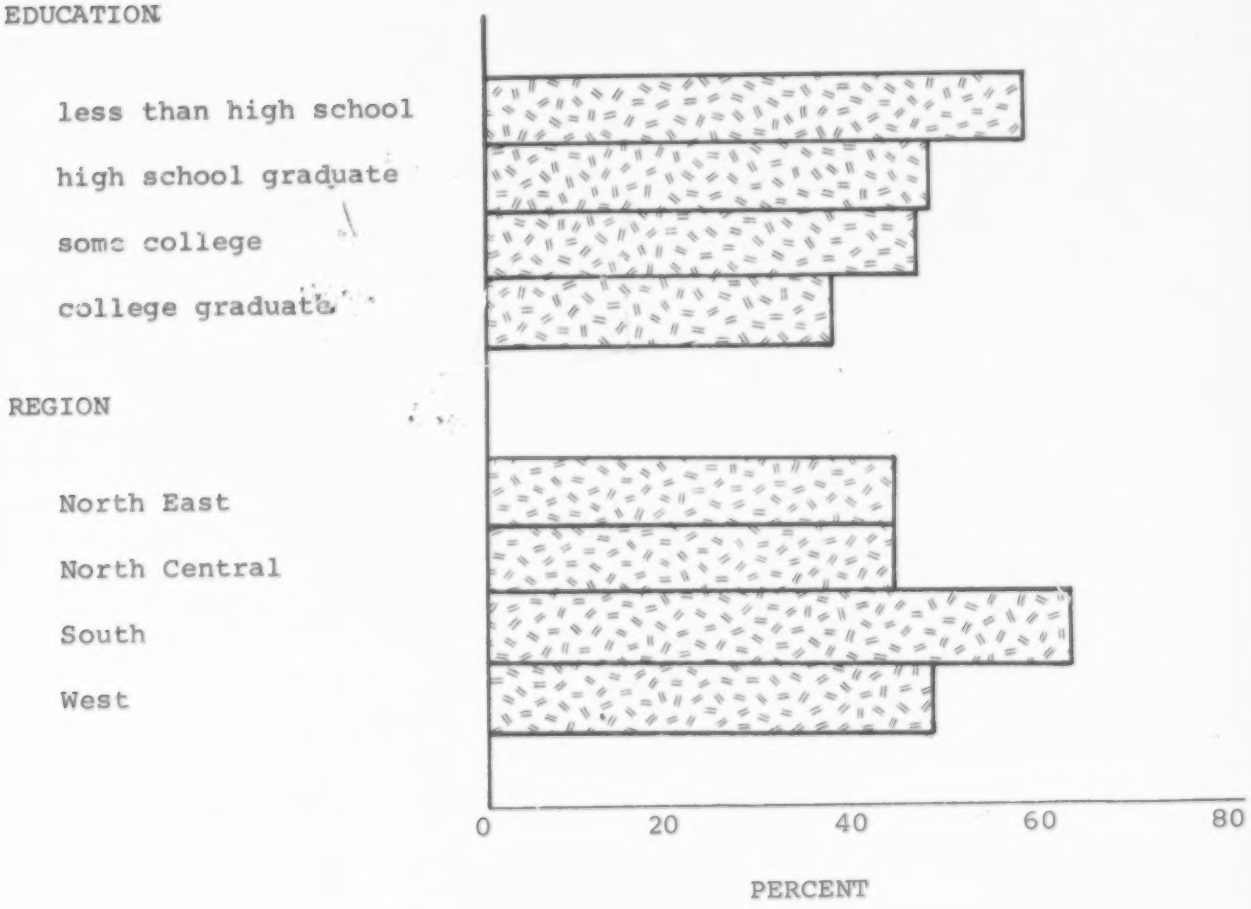


FIGURE X-5.

Percent of Respondents Who Agree that Most Dentists Charge Too Much for Dentures by Education and Region



XI. MISCELLANEOUS FINDINGS

A. Dental Visits

When asked how often people should go to the dentist in order to insure good oral health, the majority of respondents answered "every six months" (53%), while another 24% said "every year".

As respondents' incomes increase, their tendencies to advocate semiannual dental check-ups also increase. Sixty-four percent of those earning $25,000 or more said that good oral health depends upon a visit to the dentist every six months (Figure XI-1).

When asked how much dental work they thought they would accumulate if they did not go to the dentist for a year, 35% predicted they would only need routine check-ups and cleaning while 25% thought they would require some fillings. The percentage of those who predicted that they would need routine check-ups and cleaning increases as educational and income levels increase. Older respondents, however, were more likely to predict that they would require no dental work, and were less likely to expect that they would need routine check-ups and cleaning.

B. Home Care Procedures

When asked about their dental home care procedures, the vast majority (94%) reported that they brush their teeth. Sixty-four percent of this group brush at least once a day, while 23% brush after every meal. As age increases, the percentage of people who report that they brush their teeth decreases. This is not surprising given the number of people over 60 who wear dentures.

Over one-third of the respondents (38%) floss their teeth; 47% of those between the ages of 30 and 44 floss. Those with higher incomes and/or more years of education are more likely to use dental floss than those with lower incomes and/or less years of education (Figure XI-2). One out of every ten respondents used a water jet.

C. Dentists' Skills and Training

The majority of respondents (84%) agreed that "Most dentists have a high degree of skill and knowledge." Only 9% disagreed. There was little variation according to occupation, education, income, or other selected variables.

When asked how many years of formal schooling after high school they think are required for a person to practice general dentistry, 23% of the respondents indicated six years, 20% said eight years, and 12% said four years. The average number of years training indicated is 6.3.

D. Dentists' Salaries

Over one-third (35%) of the respondents reported that they do not know the average income, after professional expenses but before income taxes, of a dentist; 21% estimated that the average salary is between $35,000 and $49,999; 19% said it is between $50,000 and $74,999; and 15% reported that it is between $20,000 and $34,999.

Finally, when asked how they would go about selecting a dentist if they were to move to a new area, 39% said they would ask their previous dentists to recommend someone; 31% said they would ask their new neighbors; 14% indicated they would consult the local dental society in the new area; and 12% said they would look in the phone book (Figure XI-3).

FIGURE XI-1.

Respondents' Opinions Regarding How Often a Person Should go to the Dentist to Insure Good Oral Health by Income

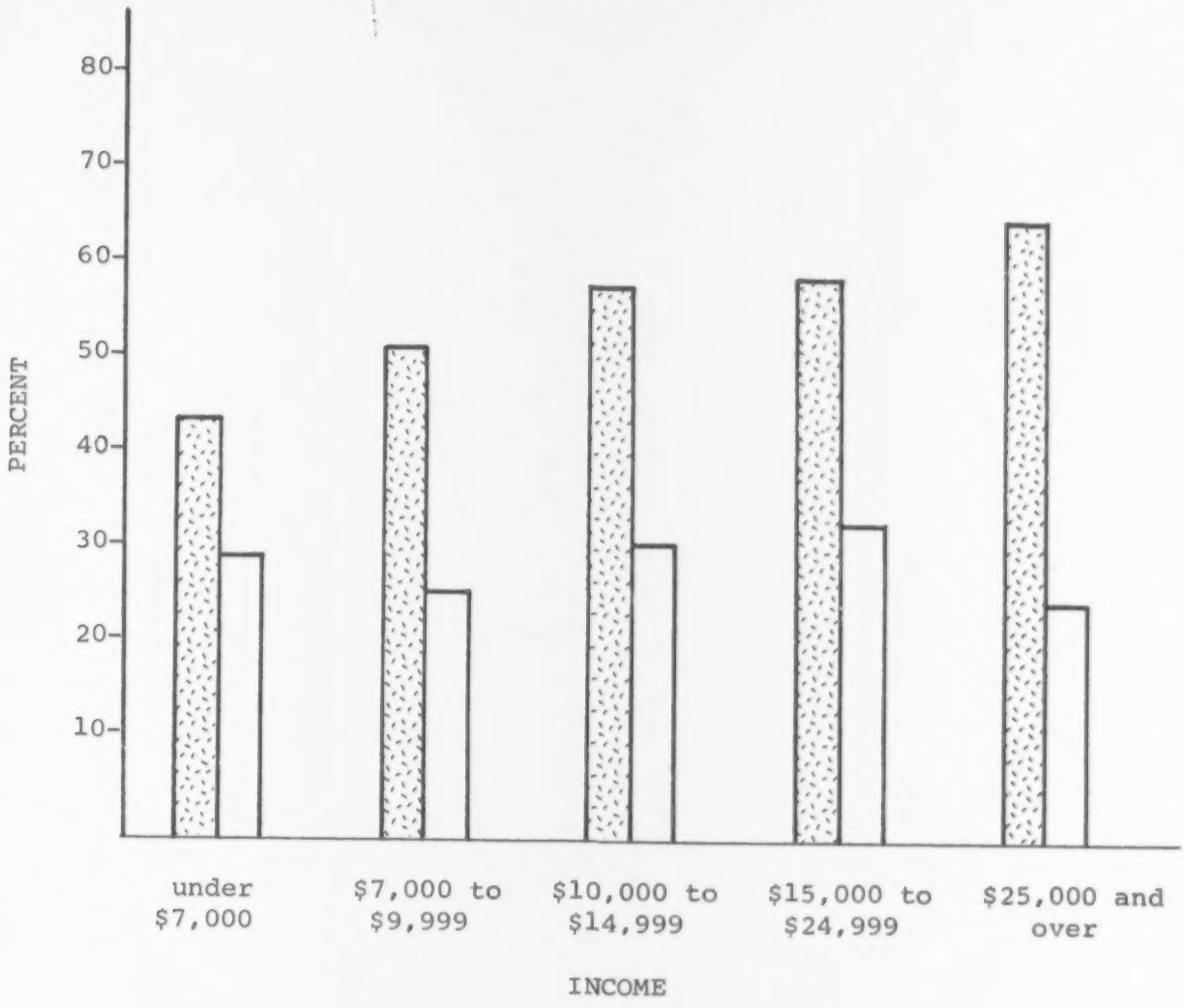


FIGURE XI-2

Percent of Respondents Who Use Dental Floss by Education and Income

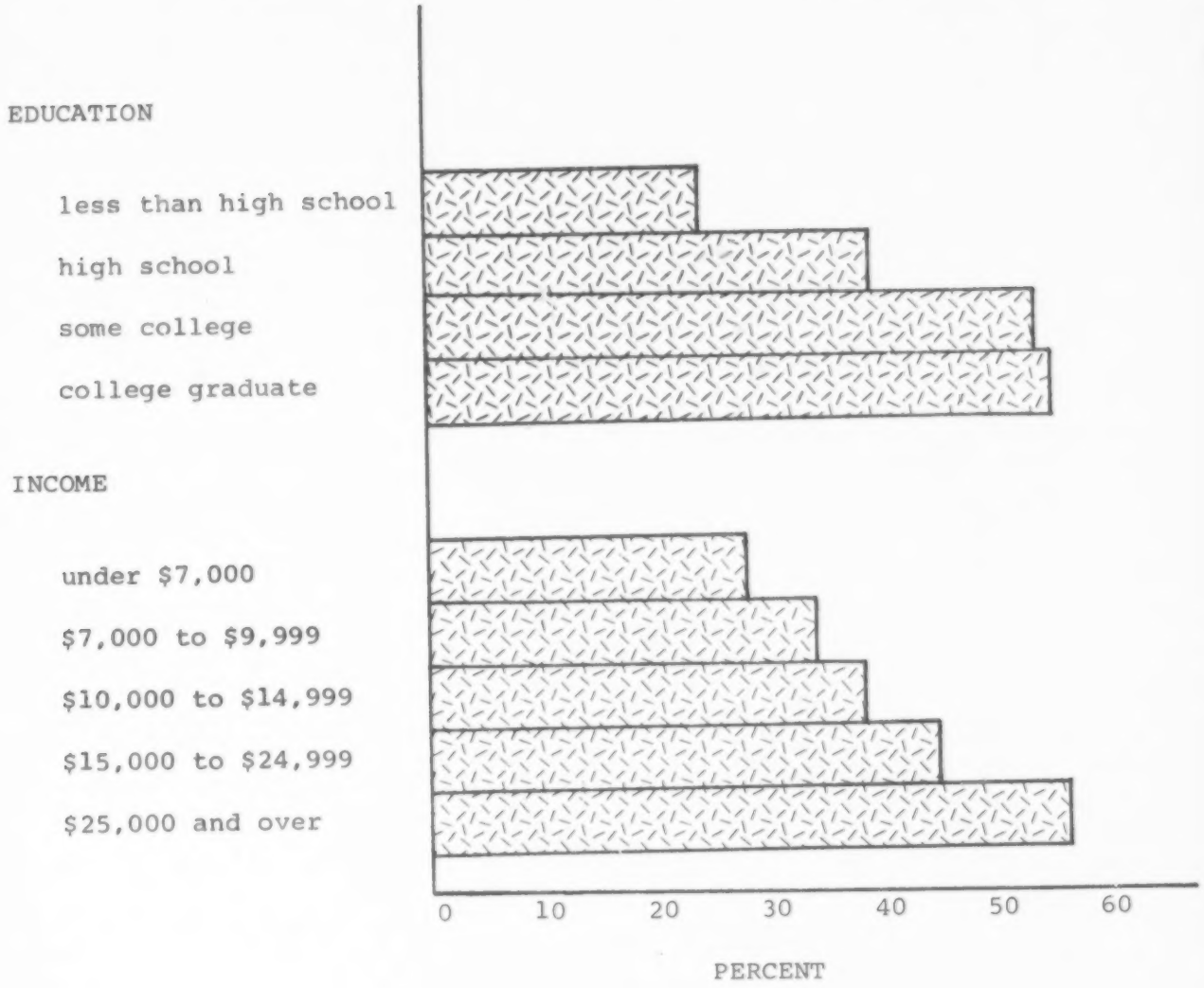
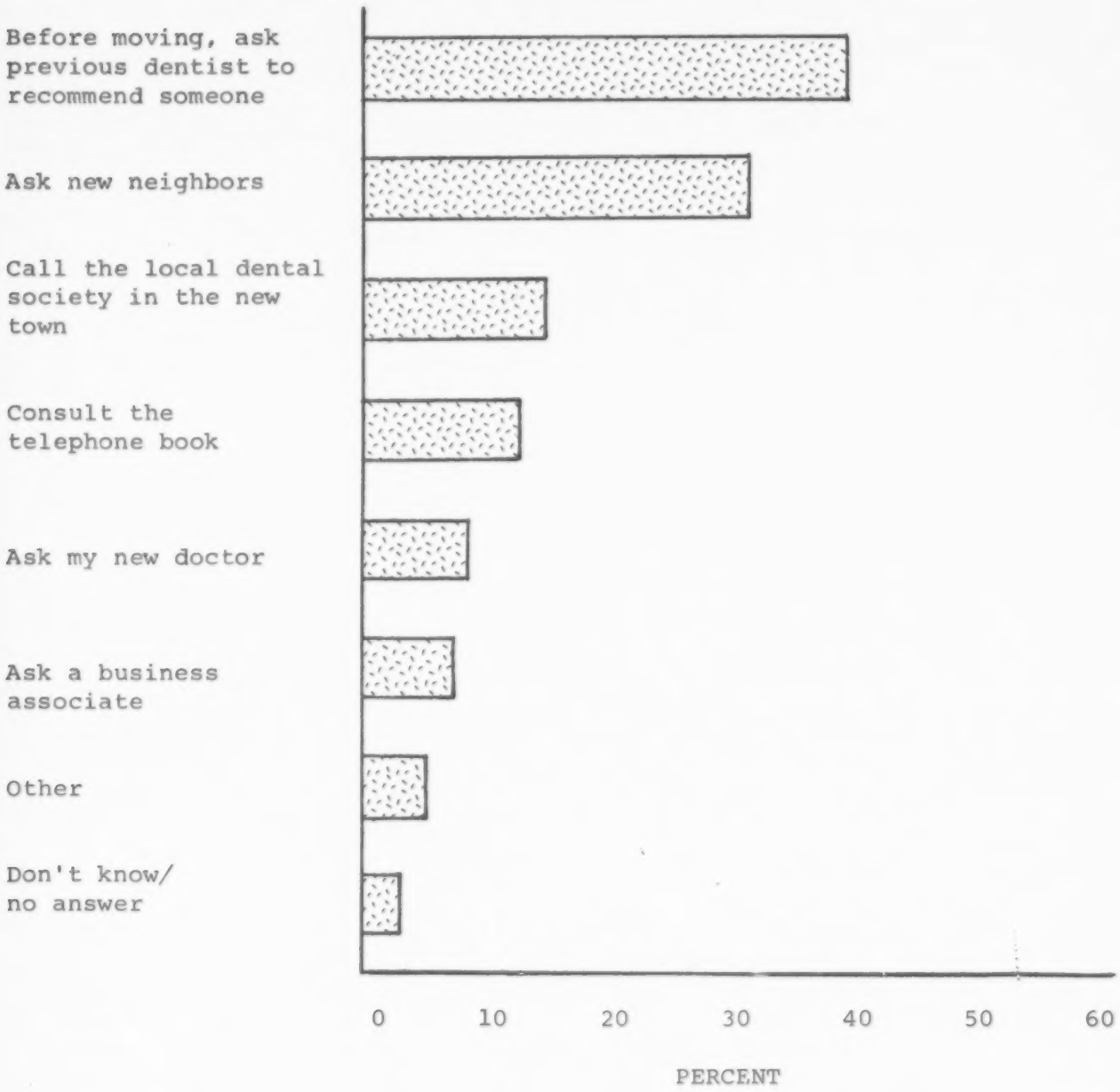


FIGURE XI-3

Respondents' Opinions Concerning Choice of a New Dentist
If They Were to Move to a New Town



APPENDIX A
Methodogy

Opinion Research Corporation's master sample is based on a new probability sample design, prepared in consultation with J. Stevens Stock of Marketmath, Inc., and modified and updated by ORC. The essential characteristic of probability sampling is that, for each person in the population under study, the probability the he/she will be included in the study can be specified. This means that the degree or reliability of any finding from a study based on a probability sample can be estimated mathematically.

The new sampling method utilizes current address directories as the basis for a system of defining interviewing starting points --- a system which includes in the sample those households which are not in the directory as well. This new method is both statistically and administratively as efficient as possible.

The ORC master sample consists of 360 counties in the contiguous United States (six subsamples of 60 counties each). Each of the subsamples is, in itself, a national probability sample.

To construct the sample, all 3070 U.S. counties were grouped into areas designated by the U.S. Office of Business Economics. These 171 area groupings were then arranged in geographical order from north and east to south and west. Within these geographical orders, counties were arranged by decending population. Three hundred sixty counties were then chosen at random to fit the above criteria.

The next step in the sampling design was to select an area from each of the 360 counties in the master sample. Again, a probability sampling method was used to select, within each county, a minor civil division (MCD) as defined by the Bureau of the Census. A minor civil division may be a town, township, city, or part of a city. The probability that any particular minor civil division was selected in a county was proportional to the population of that minor civil division. Thus, the larger a minor civil division, the greater the likelihood that it be selected. The minor civil division, therefore, is the primary sampling unit.

Once the MCD has been selected, the next step is the determination of those households where interviewing is to take place. Under the ORC National Probability Sample procedure, any current listing of household locations, even if incomplete, constitutes the first stage of the sampling plan. From the list of households, one or more addresses are chosen at random. Each of these addresses defines the place that the

interviewers begin following the interviewing site selection process. The interviews in a cluster, or "neighborhood" do not begin at the household selected from the list, but at the adjacent household, which may or may not be on the original list. Thus, the list does not define the universe of households in a MCD, but rather the list of households adjacent to possible starting points. Depending on the number of households contacted from each starting point, the number of starting points chosen, and the criteria for being included on the original list, every household in the MCD has a known, or knowable, probability of being included in the ORC sample.

Once all the interviews have been completed, weighting procedures are employed to ensure that the sample properly represents the population from which it was drawn.

ASK EVERYONE

SECTION A

Col. 5

Here are some questions on an entirely different subject --

A1. How satisfied are you with the general condition of your health? Would you say that you are very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

1 VERY SATISFIED
2 FAIRLY SATISFIED
3 SOMEWHAT DISSATISFIED
4 VERY DISSATISFIED

6

A2. How satisfied are you with the present condition of your teeth (or dentures) and gums? Are you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

1 VERY SATISFIED
2 FAIRLY SATISFIED
3 SOMEWHAT DISSATISFIED
4 VERY DISSATISFIED

7

SHOW EXHIBIT A-3

A3. There are several ways in which a person can care for his teeth. Please look over this list and tell me the numbers of the items which describe how you care for your teeth. (RECORD BELOW)

	Q. A3	Q. A4: After Every Meal	At Least Once A Day	Several Times A Week	Once A Week	Less Than Once A Week	
8-	1. Brush my teeth	1	2	3	4	5	9
	2. Use dental floss	1	2	3	4	5	10
	3. Use a dental water jet	1	2	3	4	5	11
	X NONE OF THESE → SKIP TO Q. A5						

FOR EACH ITEM CIRCLED IN Q. A3, SHOW EXHIBIT A-4 AND ASK:

A4. About how often do you (READ ITEM CIRCLED)

A5. About how often do you go to the dentist -- would you say more frequently than every six months, about every six months, about once a year, every 2 to 3 years, only when a need arises -- such as to pain, bleeding, injury, etc.?

1 MORE FREQUENTLY THAN EVERY SIX MONTHS
2 ABOUT EVERY SIX MONTHS
3 ABOUT ONCE A YEAR
4 EVERY 2 TO 3 YEARS
5 ONLY WHEN A NEED ARISES
6 NEVER

12

A6. About how often do you feel a person <u>should</u> go to the dentist in order to insure good oral health -- more frequently than every 6 months, every 6 months, every year, every 2 to 3 years, or as the need arises (due to pain, bleeding, injury, etc.)?

1 MORE FREQUENTLY THAN EVERY 6 MONTHS
2 EVERY 6 MONTHS
3 EVERY YEAR
4 EVERY 2 TO 3 YEARS
5 AS NEED ARISES (DUE TO PAIN, BLEEDING, INJURY, ETC.)
6 DEPENDS ON INDIVIDUAL CASE
7 DON'T KNOW

13

A7. When was your last dental visit -- under 6 months ago, 6 months to 1 year ago, 1 to 2 years ago, 2 to 3 years ago, over 3 years ago, or haven't you ever been to a dentist?

1 UNDER 6 MONTHS AGO
2 6 MONTHS TO LESS THAN 1 YEAR AGO
3 1 TO LESS THAN 2 YEARS AGO
4 2 TO LESS THAN 3 YEARS AGO
5 3 YEARS OR LONGER
→ CONTINUE

6 HAVE NEVER BEEN TO A DENTIST → SKIP TO Q. A28

14

A8. Suppose you didn't go to the dentist during the next year. How much dental work would you guess you would accumulate during this time -- none, would need routine checkup and cleaning, would need to have some fillings, would need more complicated treatment?

1 NONE
2 WOULD NEED ROUTINE CHECKUP AND CLEANING
3 WOULD NEED TO HAVE SOME FILLINGS
4 WOULD NEED MORE COMPLICATED TREATMENT
5 DON'T KNOW

15

<u>SHOW EXHIBIT A-9</u>

A9. After the dentist treats your teeth for the first few times, which two or three of these help you to decide that he is a good dentist? Just read me the numbers, please. (PROBE: Any others?)

1 2 3 4 5 6 7 8 9 10 OTHER (Specify): 16

Y DON'T KNOW

A10. Suppose a friend asked you about your dentist. Would you recommend your dentist very strongly, somewhat strongly, just give a lukewarm recommendation, give him or her a conditional recommendation, or not recommend him or her at all?

1 VERY STRONGLY
2 SOMEWHAT STRONGLY
3 JUST GIVE A LUKEWARM RECOMMENDATION
4 CONDITIONAL RECOMMENDATION
5 RECOMMEND AGAINST

17

A11. Have you ever been dissatisfied with the care you received from a dentist?

1 YES
2 NO → SKIP TO Q. A14 — 18

(IF "YES" ON Q. A11, ASK):

A12. How were you dissatisfied?

1 THOUGHT IT HURT TOO MUCH
2 THOUGHT IT COST TOO MUCH
3 DENTIST WAS UNFRIENDLY
4 WORK HAD TO BE REDONE
5 OTHER (Specify):_____ — 19

SHOW EXHIBIT A-13

A13. Which of these did you do about it? (CIRCLE AS MANY AS APPLY.)

1 DISCUSSED IT WITH DENTIST
2 CONSULTED A FRIEND
3 CONSULTED PHYSICIAN OR ANOTHER DENTIST
4 CHANGED DENTISTS
5 CONTACTED DENTAL SOCIETY
6 DID NOTHING — 20

INTERVIEWER: REFER BACK TO Q. A7 -- IF RESPONDENT HAS BEEN TO THE DENTIST WITHIN THE PAST YEAR (#1 OR #2 CIRCLED), CONTINUE; OTHERWISE, SKIP TO Q. A28.

SHOW EXHIBIT A-14

A14. What did the dentist do on this last visit? (CIRCLE AS MANY AS MENTIONED)

1 EXAMINATION AND/OR X-RAYS
2 FILLING
3 CLEANING
4 GUM TREATMENT
5 EXTRACTION/ORAL SURGERY
6 DENTURES
7 STRAIGHTENING
8 OTHER (Specify):_____ — 21

A15. The last time you called for an appointment and it was not an emergency, how long did you have to wait before you could get an appointment?

1 ONLY A FEW DAYS
2 A WEEK OR 2
3 3 WEEKS
4 A MONTH OR MORE
5 DON'T REMEMBER — 22

A16. How long did you have to wait to see the dentist after you arrived at his office for the scheduled appointment?

1 A FEW MINUTES (LESS THAN 5)
2 5 - 14 MINUTES
3 15 - 29 MINUTES
4 30 - 59 MINUTES
5 60 MINUTES OR LONGER
6 DON'T REMEMBER — 23

A17. Approximately how much did you personally spend for your own dental treatment in the last year, including any bills paid by an insurance company?

$_____ 24-27

Y DON'T KNOW

SHOW EXHIBIT A-18

A18. Which of the following best describes your present method of receiving dental care? Just read me the number, please.

1 2 3 4 5 6 OTHER (Specify):_____ 28

SHOW EXHIBIT A-19

A19. How did you find out about your present dentist? Just read me the number.

1 2 3 4 5 6 7 8 OTHER (Specify):_____ 29

A20. Does your dentist have someone working with him or her in the practice of dentistry other than another dentist?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. A26 30

(IF "YES" ON Q. A20, ASK):

SHOW EXHIBIT A-21

A21. What did the person working with your dentist do?

1 GREETED ME AND HELPED ME INTO THE CHAIR
2 LOOKED AT MY TEETH
3 CLEANED MY TEETH 31
4 HELPED THE DENTIST AT CHAIRSIDE
5 TOOK X-RAYS
6 OTHER

A22. Were you satisfied by the duties performed by this person?

1 YES → SKIP TO Q. A24
2 NO 32
3 DON'T KNOW → SKIP TO Q. A24

(IF "NO" ON Q. A22, ASK):

A23. Why were you dissatisfied?

33
34

A24. Did the person ever perform duties that you would have preferred the dentist to do himself?

1 YES
2 NO → SKIP TO Q. A26 35

(IF "YES" ON Q. A24, ASK):
A25. Why would you have preferred the dentist to perform those duties?

36
37

A26. Has your dentist ever discussed fees with you before beginning treatment?

1 YES → SKIP TO Q. A28
2 NO
3 DON'T KNOW → SKIP TO Q. A28 38

(IF "NO" ON Q. A26, ASK):
A27. Do you wish he would?

1 YES
2 NO
3 DON'T KNOW 39

INTERVIEWER: CHECK BACK TO Q. A7. IF #3, 4, 5, OR 6 CIRCLED ASK Q. A28; OTHERWISE, SKIP TO Q. A29

SHOW EXHIBIT A-28
A28. From this list, what are your one or two main reasons for not going (more often)? Just read me the numbers please.

1 2 3 4 5 6 7 8 9 40

X OTHER (Specify):_____
Y DON'T KNOW

A29. Do you (or your entire family all) go: (READ LIST).

1 To the same dentist
2 To two different dentists
3 To more than two different dentists
4 DON'T CARE 41

A30. Would you say that you (and your family, as a whole,) take the best possible care of their teeth; take fairly good care of their teeth, but could do better; or need definite improvement in regard to dental care?

1 TAKE THE BEST POSSIBLE CARE OF THEIR TEETH
2 TAKE FAIRLY GOOD CARE OF THEIR TEETH, BUT COULD DO BETTER
3 NEED DEFINITE IMPROVEMENT IN REGARD TO DENTAL CARE
4 NO OPINION 42

A31. Of your family, how many do you feel would have treatment needs if they were to visit a dentist today?

1 ALL
2 MOST
3 FEW
4 NONE

43

A32. How much did your family, as a whole, spend on dental care in the past year including all orthodontic treatment? Please include any bills which were paid by your insurance company.

$_____

44-47

Y DON'T KNOW

A33. Is the water supply in your area fluoridated or not?

1 YES
2 NO
3 DON'T KNOW

48

SHOW EXHIBIT A-34

A34. If you were to move into a new town, how would you go about selecting a (new) dentist? Again, just read me the number.

49

1 2 3 4 5 6 7 OTHER (Specify):_____

A35. Has there ever been a time when you were seeking dental care and could afford it, but could not find a dentist to treat you?

1 YES
2 NO
3 DON'T REMEMBER

50

A36. About how much money do you think the average dentist makes in a year after his office and personnel expenses, but before income taxes?

1 UNDER $10,000
2 $10,000 TO $19,999
3 $20,000 TO $34,999
4 $35,000 TO $49,999
5 $50,000 TO $74,999
6 $75,000 AND OVER
7 DON'T KNOW

51

A37. About how much do you think a dentist <u>should</u> earn after his office expenses, but before income taxes?

1 UNDER $10,000
2 $10,000 TO $19,999
3 $20,000 TO $34,999
4 $35,000 TO $49,999
5 $50,000 TO $74,999
6 $75,000 AND OVER
7 DON'T KNOW

52

SHOW EXHIBIT A-38

A38. I am going to read to you a list of statements. As I read each one, please tell me whether you agree or disagree with it. (READ EACH STATEMENT LISTED BELOW AND CIRCLE RESPONDENT'S ANSWER.)

	Agree	Disagree	Don't Know	
a. In general, the fees of dentists are reasonable	1	2	3	53
b. Most dentists charge too much for fillings	1	2	3	54
c. Most dentists charge too much for dentures	1	2	3	55
d. Most dentists have a high degree of skill and knowledge	1	2	3	56
e. A person should always go to a dentist if he wants satisfactory dentures	1	2	3	57
f. For people with full dentures, regular visits to the dentist are not necessary	1	2	3	58
g. It is not necessary to go to a dentist to repair a broken denture	1	2	3	59

A39. Has the amount you thought it would cost ever prevented you from seeking the dental care you needed?

1 YES
2 NO
3 DON'T KNOW

60

A40. Have dental fees ever kept you from returning to complete a treatment?

1 YES
2 NO
3 DON'T KNOW

61

A41. Do you feel that fees for basic services for all dentists should be publicly available so that a patient may review them before choosing a dentist?

1 YES
2 NO
3 DON'T KNOW

62

SHOW EXHIBIT A-42

A42. This card shows things a dentist might advertise in newspapers. Which of these do you think would be good for a dentist's business? Just read me the numbers.

1 2 3 4 5 6 63

X OTHER (Specify): _____
Y NONE

A43. If all you knew about two dentists in similar locations were the fees they charged, would you go to the dentist who charged less?

1 YES, IF A LOT LESS
2 YES, EVEN IF A LITTLE LESS
3 NEED TO KNOW MORE
4 NO

64

A44. If you were with a regular dentist, would you ever leave if you thought he charged too much?

1 YES
2 NO
3 DON'T KNOW

65

SHOW EXHIBIT A-45

A45. If an unexpected $500 dental bill were to arise in your household, which of these would best describe your position?

1 ABLE TO PAY COMFORTABLY WITHOUT INSURANCE
2 ABLE TO PAY COMFORTABLY WITH INSURANCE
3 ABLE TO PAY, BUT WITH FINANCIAL DIFFICULTY
4 UNABLE TO PAY

66

A46. Do you have health insurance that helps to pay your dental bills?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. A52

67

(IF "YES" ON Q. A46, ASK):

A47. How long have you had the insurance?

1 LESS THAN 6 MONTHS
2 6 - 11 MONTHS
3 1 YEAR TO LESS THAN 2 YEARS
4 2 YEARS TO LESS THAN 3 YEARS
5 3 YEARS TO LESS THAN 4 YEARS
6 4 YEARS OR MORE
7 DON'T KNOW

68

A48. Is it a fringe benefit from work?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. A50

69

(IF "YES" ON Q. A48, ASK):

A49. Does your employer pay all the premium or just part of the premium?

1 ALL THE PREMIUM
2 PART OF THE PREMIUM
3 DON'T KNOW

70

Col. 5

A50. Are your family members covered under this policy?

1 YES, ALL
2 YES, SOME
3 NO

6

A51. About what percentage of your total dental bill is paid by insurance? (PROBE: Your best estimate will do.)

_____%

X ALL OF IT (100%)

7-8

SHOW EXHIBIT A-52

A52. Which of these do you think would result from the growth of dental insurance? Just read me the numbers, please.

1 2 3 4 5 6 7 8 9 0 9

X NO DIFFERENCE

A53. Some dental insurance programs pay all costs. Others pay much, but not all of the costs. Do you agree or disagree that the individual should pay at least something? In other words, that insurance should not cover all costs.

1 AGREE
2 DISAGREE → SKIP TO Q. A55

10

(IF "AGREE" ON Q. A53, ASK):

A54. What percent do you think should be paid by the individual?

_____%

X DON'T KNOW

11-12

A55. Do you think that all people are entitled to basic dental care, even if they cannot afford it?

1 YES
2 NO

13

A56. Who do you think should pay for the dental care of the poor -- should dentists provide free dental care, should it come from local or state taxes, should it come from Federal Government taxes, or should the poor be responsible for themselves?

1 DENTISTS SHOULD PROVIDE FREE DENTAL CARE
2 IT SHOULD COME FROM LOCAL OR STATE TAXES
3 FROM FEDERAL GOVERNMENT TAXES
4 PAY THEMSELVES

14

A57. If a national health insurance program were to include coverage for dental care, should dentists: (READ LIST)

1 Be salaried by the government in selected central clinics
2 Be salaried by the government in private practice locations
3 Stay in private practice, with fees reimbursed
4 Or don't you think dentistry should be covered by a national health insurance program
5 DON'T KNOW

15

A58. If all dentists were employed by the government, do you think it would be easier to get dental care, harder to get dental care, or no different than now?

1 EASIER TO GET DENTAL CARE
2 HARDER TO GET DENTAL CARE
3 NO DIFFERENT THAN NOW

16

A59. How many years of training <u>after high school</u> do you think is required in order for a person to practice general dentistry?

_____YEARS

17-18

X DON'T KNOW

A60. For a person to practice general dentistry, do you think that there is too much training, too little training, or about the right amount?

1 TOO MUCH TRAINING
2 TOO LITTLE TRAINING
3 ABOUT RIGHT

19

A61. Please indicate the number of persons in each of the age groups I read to you who are living in your home, including yourself, as stated on your last income tax return. (INTERVIEWER: Read each age group below.)

		Number of persons	
a.	6 YEARS OF AGE OR UNDER	_____	20
b.	7 TO 17 YEARS OF AGE	_____	21
c.	18 TO 25 YEARS OF AGE	_____	22
d.	26 TO 39 YEARS OF AGE	_____	23
e.	40 TO 59 YEARS OF AGE	_____	24
f.	60 YEARS OR OLDER	_____	25

A62. Do you have any family members not living in your home who are dependent on the head of the household (i.e., parent, in-laws, etc.)?

26- 1 YES, NUMBER OF PEOPLE _____ 27
2 NO

SHOW EXHIBIT A-63

A63. Which of these best describes your present situation?

1 ALL OF MY TEETH ARE MY OWN. I DO NOT HAVE ANY DENTURES 28
2 I HAVE PARTIAL DENTURES; THAT IS, SOME OF MY TEETH ARE NOT MY OWN
3 I HAVE FULL DENTURES; THAT IS, NONE OF MY TEETH ARE MY OWN
4 I AM MISSING SOME TEETH BUT HAVE NO DENTURES

A64. Does anyone in your immediate family have dentures?

1 YES
2 NO → SKIP TO NEXT SECTION 29

(IF "YES" ON Q. A63 OR A64, ASK):

A65. Have you or they gone to anyone other than a dentist to work on their dentures?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. A67 30

A66. If yes, to whom did you/they go? (PROBE FOR TITLE, LOCATION, WHETHER STUDENT OR TECHNICIAN, LABORATORY, ETC.)

31
32

A67. Do you know what is meant by the term "denturist"?

1 YES
2 NO 33

(IF "YES" ON Q. A67, ASK):

A68. What is meant by the term "denturist"?

34
35

EXHIBIT A-3

1. I brush my teeth

2. I use dental floss on my teeth

3. I use a dental water jet on my teeth

EXHIBIT A-4

1 AFTER EVERY MEAL

2 AT LEAST ONCE A DAY

3 SEVERAL TIMES A WEEK

4 ONCE A WEEK

5 LESS THAN ONCE A WEEK

EXHIBIT A-9

1 OFFICE IS CLEAN

2 OFFICE PERSONNEL ARE FRIENDLY

3 DENTIST TALKS ABOUT WHAT IS WRONG AND HOW TO CORRECT IT

4 DENTIST TALKS ABOUT HIS FEES BEFORE BEGINNING TREATMENT

5 DON'T HAVE TO SIT IN THE WAITING ROOM FOR A LONG TIME

6 DENTIST HAS PERSONNEL HELPING HIM

7 FEES SEEM REASONABLE

8 ANOTHER DOCTOR OR DENTIST SAYS THAT HE IS GOOD

9 FEEL CONFIDENT IN THE TREATMENT ADMINISTERED

0 OTHER (Specify)

EXHIBIT A-13

1 I DISCUSSED IT WITH THE DENTIST

2 I CONSULTED A FRIEND

3 I CONSULTED A PHYSICIAN OR ANOTHER DENTIST

4 I CHANGED DENTISTS

5 I CONTACTED THE DENTAL SOCIETY

6 I DID NOTHING

EXHIBIT A-14

1 EXAMINATION AND/OR X-RAYS

2 FILLING

3 CLEANING

4 GUM TREATMENT

5 EXTRACTION/ORAL SURGERY

6 DENTURES

7 STRAIGHTENING

EXHIBIT A-19

1 A FRIEND OR BUSINESS ASSOCIATE

2 ANOTHER DENTIST

3 A DOCTOR

4 NEWSPAPER ADVERTISEMENT

5 PHONE BOOK

6 SAW OFFICE AND WENT IN AND MADE APPOINTMENT

7 FAMILY

8 OTHER (Specify)

EXHIBIT A-21

1 GREETED ME AND HELPED ME INTO THE CHAIR

2 LOOKED AT MY TEETH

3 CLEANED MY TEETH

4 HELPED THE DENTIST AT CHAIRSIDE

5 TOOK X-RAYS

6 OTHER (Specify)

EXHIBIT A-18

1 FAMILY DENTIST PRACTICING ALONE

2 FAMILY DENTIST PRACTICING IN A GROUP

3 PUBLIC DENTAL CLINIC

4 DENTAL SCHOOL CLINIC

5 HOSPITAL EMERGENCY SETTING

6 OTHER (Specify)

EXHIBIT A-28

1 I FEEL NO NEED TO GO

2 I AM UNABLE TO GET A SUITABLE APPOINTMENT

3 I AM WAITING FOR INSURANCE COVERAGE TO BEGIN

4 I FEAR THE PAIN INVOLVED IN DENTAL WORK

5 I THINK COSTS ARE TOO HIGH

6 I HAVE A TRANSPORTATION PROBLEM IN GETTING TO THE DENTIST

7 I DON'T HAVE THE TIME/I'M TOO BUSY

8 I HAVE TO TAKE TIME OFF FROM WORK

9 THERE IS NO DENTIST WITHIN ONE HOUR'S DRIVE

0 OTHER (Specify)

EXHIBIT A-34

1 BEFORE MOVING, ASK PREVIOUS DENTIST TO RECOMMEND SOMEONE

2 ASK A BUSINESS ASSOCIATE

3 ASK MY NEW DOCTOR

4 ASK NEW NEIGHBORS

5 CONSULT PHONE BOOK

6 CALL THE LOCAL DENTAL SOCIETY IN THE NEW TOWN

7 OTHER (Specify)

EXHIBIT A-42

1 HIS PLACE OF BUSINESS AND HOURS

2 HIS SPECIALTY

3 HIS FEES

4 HIS EDUCATION AND QUALIFICATIONS

5 ACCESS BY PUBLIC TRANSPORTATION

6 WHETHER HE WORKS ALONE OR WITH OTHER DENTISTS

7 OTHER (Specify)

EXHIBIT A-45

1 I WOULD BE ABLE TO PAY COMFORTABLY WITHOUT INSURANCE

2 I WOULD BE ABLE TO PAY COMFORTABLY WITH INSURANCE

3 I WOULD BE ABLE TO PAY, BUT WITH FINANCIAL DIFFICULTY

4 I WOULD BE UNABLE TO PAY

EXHIBIT A-52

1 LOWER DENTAL PRICES

2 RISING DENTAL PRICES

3 SHORTAGE OF DENTISTS

4 ABUNDANCE OF DENTISTS

5 BETTER ORAL HEALTH

6 WORSE ORAL HEALTH

7 MORE WAITING TIME AT THE OFFICE

8 LESS WAITING TIME AT THE OFFICE

9 HIGHER HEALTH INSURANCE PREMIUMS

0 LOWER HEALTH INSURANCE PREMIUMS

EXHIBIT A-63

1 ALL OF MY TEETH ARE MY OWN. I DO NOT HAVE ANY DENTURES

2 I HAVE PARTIAL DENTURES; THAT IS, SOME OF MY TEETH ARE NOT MY OWN

3 I HAVE FULL DENTURES; THAT IS, NONE OF MY TEETH ARE MY OWN

4 I AM MISSING SOME TEETH BUT HAVE NO DENTURES

DEFINITION OF CLASSIFIED TERMS

The following definitions are provided for some of the standard variables by which the data are analyzed. Other variables are self-explanatory.

Occupation

Executive/Professional/Managerial - includes higher executives, large business owners, major professionals, business managers, medium business owners, and less professionals.

White Collar - includes administrative, small business owners, semi-professionals, clerical, sales workers, technicians, and little business owners.

Blue Collar Skilled/Semi-Skilled/Unskilled - includes skilled manual employees, machine operators, semi-skilled employees, and unskilled employees.

Retired - self-explanatory.

City Size

City size groups all respondents into one of three major categories: rural, suburban, or city. It is based on interview observation of the respondent's location in terms of area and type of dwelling.

City dwellers are divided into two groups - those living in single family versus multi-family dwellings.

Geographic Regions

The four geographic regions are comprised of the listed states:

Northeast - Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania.

North Central - Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas.

South - Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas.

West - Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, and California.

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